

UCC-1 Form

FILER INFORMATION

Full name: **HENRY J. MICHALENKA, CPA**

Email Contact at Filer: **HJMCPA1@MSN.COM**

SEND ACKNOWLEDGEMENT TO

Contact name:

Mailing Address: **601 BROAD STREET**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

DEBTOR INFORMATION

Org. Name: **HOUSE OF COMPASSION, INC.**

Mailing Address: **2510 MENDON ROAD**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Last Name (i.e. Family Name or Surname): **MICHALENKA** *First Name:* **HENRY** *Middle Name:* **J** *Suffix:* **CPA**

Mailing Address: **601 BROAD STREET**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ANY AND ALL ASSETS, INCLUDING REAL ESTATE HELD BY DEBTOR