UCC-1 Form

FILER INFORMATION

Full name: WOLTERS KLUWER LIEN SOLUTIONS

Email Contact at Filer: CTLSWEBACK@WOLTERSKLUWER.COM

SEND ACKNOWLEDGEMENT TO

Contact name: LIEN SOLUTIONS

Mailing Address: P.O. Box 29071

City, State Zip Country: GLENDALE, CA 91209-9071 USA

DEBTOR INFORMATION

Org. Name: VIKING MANUFACTURING COMPANY, LLC Mailing Address: 20 PRIVILEGE STREET City, State Zip Country: WOONSOCKET, RI 02895 USA

SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: One Turks Head Place

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-82492301-62197070

COLLATERAL

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