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: **HOWARD G. BISHOP, INC.**

Mailing Address: **62B DANIELSON PIKE**

City, State Zip Country: **NORTH SCITUATE, RI 02857 USA**

SECURED PARTY INFORMATION

Org. Name: **GREATAMERICA FINANCIAL SERVICES CORPORATION**

Mailing Address: **625 FIRST STREET**

City, State Zip Country: **CEDAR RAPIDS, IA 52401-2030 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-83216106-62484553

COLLATERAL

1 - HUSQVARNA DS900 DRILL STAND 1 - HUSQVARNA DM700 CORE DRILL 4 - HUSQVARNA BLADES PER ORDER #13937202 7 - HUSQVARNA MISCELLANEOUS ACCESSORIES PER ORDER #13937202 AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.