

# UCC-1 Form

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## 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:* **GLENDAL, CA 91209-9071 USA**

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## DEBTOR INFORMATION

*Org. Name:* **STEVE'S TRANSMISSION, LLC**

*Mailing Address:* **370 METACOM AVE**

*City, State Zip Country:* **BRISTOL, RI 02809-5197 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **SNAP-ON CREDIT LLC**

*Mailing Address:* **950 TECHNOLOGY WAY, SUITE 301**

*City, State Zip Country:* **LIBERTYVILLE, IL 60048-5339 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-89087674-64954578**

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## COLLATERAL

PURCHASE MONEY SECURITY INTEREST IN ALL TOOLS AND EQUIPMENT PURCHASED UNDER ANY CREDIT SALE, INSTALLMENT SALE, OR SIMILAR CONTACT FROM A SNAP-ON FRANCHISEE OR OTHER SALES REPRESENTATIVE, OR FROM SNAP-ON TOOLS COMPANY LLC OR FROM ANY AFFILIATE THEREOF. IN ADDITION TO THE PURCHASE MONEY SECURITY INTEREST GRANTED IN THE COLLATERAL LISTED ON THE REFERENCED CONTRACT, THE COLLATERAL SHALL ALSO INCLUDE: ALL ITEMS OF TOOLS AND EQUIPMENT OF DEBTOR, WHETHER NOW OWNED AND ACQUIRED FROM OR HEREAFTER ACQUIRED FROM A SNAP-ON FRANCHISEE OR OTHER SALES REPRESENTATIVE; AND ANY AND ALL GOODS AND EQUIPMENT MANUFACTURED OR DISTRIBUTED BY SNAP-ON TOOLS COMPANY LLC AND ANY OF ITS AFFILIATES; OR TOOLS AND EQUIPMENT BEARING THE SNAP-ON TRADEMARKS OR LOGOS; TOGETHER WITH ALL PROCEEDS (INCLUDING INSURANCE PROCEEDS OR CLAIMS), ACCESSIONS, ATTACHMENTS, ADDITIONS, SUBSTITUTIONS, AND REPLACEMENTS TO AND OF SUCH ITEMS (ALL THE FOREGOING "COLLATERAL").