

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

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## DEBTOR INFORMATION

*Org. Name:* **SUMMIT GENERAL STORE, LTD.**

*Mailing Address:* **25 OLD SUMMIT RD.**

*City, State Zip Country:* **GREENE, RI 02827 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **ASSOCIATED GROCERS OF NEW ENGLAND , INC.**

*Mailing Address:* **11 COOPERATIVE WAY PO Box 6000**

*City, State Zip Country:* **PEMBROKE, NH 03275 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-90367324-65486621**

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## COLLATERAL

TO SECURE THE PAYMENT OF ANY OBLIGATION OWED TO SELLER, PURCHASER HEREBY GRANTS TO SELLER A SECURITY INTEREST IN ALL OF PURCHASER' S ACCOUNTS AND ACCOUNTS RECEIVABLE, INVENTORY, MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, GENERAL INTANGIBLES CHATTEL PAPER, BUILDING AND PROPERTY WHETHER NOW EXISTING OR HEREAFTER ACQUIRED, AND SPECIFICALLY INCLUDING ALL ADDITIONS, SUBSTITUTIONS, REPLACEMENTS, PRODUCTS AND PROCEEDS THEREOF.