

# 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:* **THE POOL DOCTOR OF RHODE ISLAND, INC.**

*Mailing Address:* **2200 NOOSENECK HILL RD**

*City, State Zip Country:* **COVENTRY, RI 02816 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **WELLS FARGO COMMERCIAL DISTRIBUTION FINANCE, LLC**

*Mailing Address:* **5595 TRILLIUM BLVD**

*City, State Zip Country:* **HOFFMAN ESTATES, IL 60192 USA**

*Org. Name:* **WELLS FARGO BANK, N.A.**

*Mailing Address:* **5595 TRILLIUM BLVD**

*City, State Zip Country:* **HOFFMAN ESTATES, IL 60192 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-92257033-66286847**

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## COLLATERAL

THIS FINANCING STATEMENT COVERS ALL PERSONAL PROPERTY OF THE DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, INCLUDING BUT NOT LIMITED TO: (A) ALL ACCOUNTS, CHATTEL PAPER, DEPOSIT ACCOUNTS, DOCUMENTS, EQUIPMENT, FIXTURES, GENERAL INTANGIBLES, GOODS, INSTRUMENTS, INVENTORY, INVESTMENT PROPERTY, AND (B) ALL PROCEEDS, PRODUCTS, ACCESSIONS OF THE FOREGOING INCLUDING, WITHOUT LIMITATION ALL BOOKS AND RECORDS AND DEBTOR'S RIGHT TO ALL PRICE PROTECTION PAYMENTS, REBATES, DISCOUNTS, CREDITS, FACTORY HOLDBACKS, INCENTIVE PAYMENTS AND ANY OTHER AMOUNTS DUE DEBTOR AT ANY TIME FROM A PERSON FROM WHOM DEBTOR HAS PURCHASED THE FOREGOING.