

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

DEBTOR INFORMATION

Org. Name: **RELIABLE PEST CONTROL, INC.**

Mailing Address: **6 FRANCIS ST**

City, State Zip Country: **BRISTOL, RI 02809-3819 USA**

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**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-96544247-68141873

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").