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UCC-1 Form

FILER INFORMATION

Full name: WOLTERS KLUWER LIEN SOLUTIONS

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DEBTOR INFORMATION

Org. Name: HOMECARE PLUS, INC.

Mailing Address: 51 TABER STREET

City, State Zip Country: WEST KINGSTON, RI 02892 USA

SECURED PARTY INFORMATION

Org. Name: BERKSHIRE BANK

Mailing Address: 66 WEST STREET

City, State Zip Country: PITTSFIELD, MA 01202-1308 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-97736321-68653390

COLLATERAL

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