

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:36305795**

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Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **JRB ASSOCIATES, INC.**

Mailing Address1: **94 SILVER SPRING**

City: **PROVIDENCE** State: **RI** ZIP: **02904** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, NA**

Mailing Address1: **1025 MAIN STREET**

City: **WALTHAM** State: **MA** ZIP: **02451** Country: **USA**

TRANSACTION TYPE: STANDARD