

# UCC-3 Form - Continuation

Original File Number: **200806307640**

Original File Date: **5/21/2008 11:49:00 AM**

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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:38192082**

City: **GLENDALE** State: **CA** ZIP: **91209-9071** Country: **USA**

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

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## DEBTOR INFORMATION

Org. Name: **SJR CORPORATION**

Mailing Address1: **149 BURBANK STREET**

City: **CRANSTON** State: **RI** ZIP: **02893** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **UNITED CENTRAL BANK**

Mailing Address1: **4555 W. WALNUT STREET**

City: **GARLAND** State: **TX** ZIP: **75042** Country: **USA**

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## TRANSACTION TYPE: STANDARD