

UCC-3 Form - Continuation

Original File Number: **200806992800** Original File Date: **12/5/2008 11:14:00 AM**

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:39074067**

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

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

DEBTOR INFORMATION

Org. Name: **FORD INSURANCE AGENCY LLC**

Mailing Address1: **23 NORTH ROAD SUITE A-35**

City: **PEACEDALE** State: **RI** ZIP: **02879** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SATELLITE AGENCY NETWORK GROUP, INC.**

Mailing Address1: **234 LAFAYETTE ROAD**

City: **HAMPTON** State: **NH** ZIP: **03842** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: