

UCC-1 Form

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:40428577

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

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

DEBTOR INFORMATION

Org. Name: ALL PHASE RESTORATION, LLC

Mailing Address1: 204 LEIGH ROAD

City: CUMBERLAND *State:* RI *ZIP:* 02864 *Country:* USA

SECURED PARTY INFORMATION

Org. Name: FINANCIAL PACIFIC LEASING, INC.

Mailing Address1: P.O. BOX 4568

City: FEDERAL WAY *State:* WA *ZIP:* 98001 *Country:* USA

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL

All equipment and other personal property, now or hereafter the subject of that certain Agreement, relating to Financial Pacific Leasing, Inc., Contract #001-0900741-301 , dated 10/28/2013 , between the Secured Party and Debtor, together with all attachments, additions, accessories, substitutions and replacements thereto, any and all insurance and other proceeds of the foregoing.