

UCC-1 Form

CONTACT INFORMATION

Contact name: **AUTOMOTIVE FINANCE CORPORATION**

Street #1: **13085 HAMILTON CROSSING BLVD SUITE 300**

City: **CARMEL** *State:* **IN** *ZIP:* **46032** *Country:* **USA**

Notification Method: **E-MAIL** *Email:* **MANDL.BYBEE@AUTOFINANCE.COM**

DEBTOR INFORMATION

Org. Name: **LAUREL HILL AUTO SALES, INC.**

Mailing Address1: **499 PLAINFIELD ST**

City: **PROVIDENCE** *State:* **RI** *ZIP:* **02909** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address1: **13085 HAMILTON CROSSING BLVD**

Mailing Address2: **SUITE 300, WWW.AFCDEALER.COM**

City: **CARMEL** *State:* **IN** *ZIP:* **46032** *Country:* **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION:

COLLATERAL

All of Debtors assets and properties wherever located, including without limitation: accounts, chattel paper, deposit accounts, documents, equipment, fixtures, inventory and other goods, general intangibles, instruments, insurance policies, investment property, letter of credit rights, money, software, supporting obligations, and titles, now owned or hereafter acquired by Debtor; any and all proceeds, products, additions, accessions, accessories, and replacements of the foregoing; and all of Debtors computer records, business papers, ledger sheets, files, books, and records relating to the foregoing, now owned or hereafter acquired.