

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**

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Street #2: **ORDER:43044468**

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DEBTOR INFORMATION

Org. Name: **GP ARCADE GARAGE, LLC**

Mailing Address1: **7 JACKSON WALKWAY**

City: **PROVIDENCE** State: **RI** ZIP: **02903** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., A DELAWARE CORPORATION**

Mailing Address1: **P.O. BOX 2300**

City: **FLINT** State: **MI** ZIP: **48501-2300** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: