

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**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:43483335**

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

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

DEBTOR INFORMATION

Org. Name: **DAN'S MUSIC CENTER, INC.**

Mailing Address1: **2121 ELMWOOD ST**

City: **WARWICK** State: **RI** ZIP: **02888** Country: **USA**

Org. Name: **DAN'S MUSIC CENTER, INC.**

Mailing Address1: **961 NAMQUID DRIVE**

City: **WARWICK** State: **RI** ZIP: **02888** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **FENDER MUSICAL INSTRUMENTS CORPORATION**

Mailing Address1: **17600 N. PERIMETER DRIVE, SUITE 100**

City: **SCOTTSDALE** State: **AZ** ZIP: **85255** Country: **USA**

Org. Name: **FENDER MUSICAL INSTRUMENTS CORPORATION**

Mailing Address1: **8860 EAST CHAPARRAL RD. SUITE 100**

City: **SCOTTSDALE** State: **AZ** ZIP: **85250** Country: **USA**

TRANSACTION TYPE: STANDARD

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