

# UCC-1 Form

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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:44046755

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

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

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## DEBTOR INFORMATION

*Org. Name:* EASTERN ICE CO., INC.

*Mailing Address1:* 281 COMMERCE DRIVE

*City:* FALL RIVER      *State:* MA      *ZIP:* 02720      *Country:* USA

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## SECURED PARTY INFORMATION

*Org. Name:* RAYMOND LEASING CORPORATION

*Mailing Address1:* CORPORATE HEADQUARTERS

*Mailing Address2:* P.O. BOX 130

*City:* GREENE      *State:* NY      *ZIP:* 13778      *Country:* USA

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**TRANSACTION TYPE:** STANDARD

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:** LESSEE/LESSOR

**COLLATERAL**

All material handling equipment and associated accessories, including without limitation, lift trucks, pallet trucks, orderpickers, batteries and chargers, in the possession of Debtor or hereafter acquired by Debtor in accordance with Equipment Master Lease Schedule No. \_\_\_\_318341\_\_\_\_ or any Schedule thereunder.