

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:44110670**

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

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

DEBTOR INFORMATION

Org. Name: **ADVERTISING VENTURES, INC.**

Mailing Address1: **117 CHAPMAN ST.**

City: **PROVIDENCE** State: **RI** ZIP: **02905** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A**

Mailing Address1: **101 SOUTH MARENGO AVENUE, 5TH FLOOR CA9-702-05-69**

City: **PASADENA** State: **CA** ZIP: **91101-2428** Country: **USA**

TRANSACTION TYPE: STANDARD

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