

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:44441452**

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

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

DEBTOR INFORMATION

Org. Name: **SOUTH STREET CAFE**

Mailing Address1: **54 SOUTH STREET**

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

Org. Name: **SOUTH STREET CAFE, INC.**

Mailing Address1: **54 SOUTH STREET**

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

SECURED PARTY INFORMATION

Org. Name: **SOUND GARDEN 1-770-218-5478**

Mailing Address1: **P.O. BOX 2028**

City: **WOODSTOCK** State: **GA** ZIP: **30188** Country: **USA**

TRANSACTION TYPE: STANDARD

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