

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:44466106**

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

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

DEBTOR INFORMATION

Org. Name: **CRYSTAL THERMOPLASTICS, INC.**

Mailing Address1: **6641 W. BROAD ST.**

City: **RICHMOND** State: **VA** ZIP: **23230** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **FIRST NATIONAL CAPITAL CORPORATION**

Mailing Address1: **26050 TOWNE CENTRE DRIVE**

City: **FOOTHILL RANCH** State: **CA** ZIP: **92610** Country: **USA**

ASSIGNEE INFORMATION

Org. Name: **KBH SPV 3, LLC**

Mailing Address1: **150 NORTH FIELD DRIVE SUITE 193**

City: **LAKE FOREST** State: **IL** ZIP: **60045** Country: **USA**

Org. Name: **KINGSBRIDGE HOLDINGS, LLC**

Mailing Address1: **150 NORTH FIELD DRIVE, SUITE 193**

City: **LAKE FOREST** State: **IL** ZIP: **60045** Country: **USA**

TRANSACTION TYPE: **STANDARD**

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