

# UCC-3 Form - Continuation

Original File Number: **200908084890** Original File Date: **11/27/2009 1:18:00 PM**

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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:45158546**

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: **NIGHTINGALE METALS, INC.**

Mailing Address1: **3 CROWNMARK DRIVE**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **PEOPLE'S UNITED BANK**

Mailing Address1: **850 MAIN STREET, RC 869**

City: **BRIDGEPORT** State: **CT** ZIP: **06604** Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**