UCC-1 Form

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:46297893**
City: **GLENDALE** *State:* **CA** *ZIP:* **91209-9071** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **PASTA BEACH, LLC**
Mailing Address1: **7 MEMORIAL BLVD**
City: **NEWPORT** *State:* **RI** *ZIP:* **02840** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **AMERICAN EXPRESS BANK, FSB**
Mailing Address1: **4315 SOUTH 2700 WEST**
City: **SALT LAKE CITY** *State:* **UT** *ZIP:* **84184** *Country:* **USA**

TRANSACTION TYPE: STANDARD
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION:

COLLATERAL
All assets of the Debtor, whether now owned or hereafter acquired or arising