UCC-3 Form - Continuation

Original File Number: **709394** *Original File Date:* **3/10/2000**

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:46355289**
City: **GLENDALE** *State:* **CA** *ZIP:* **91209-9071** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **CLEMENTS MARKETPLACE, INC.**
Mailing Address1: **2575 EAST MAIN ROAD**
City: **PORTSMOUTH** *State:* **RI** *ZIP:* **02871** *Country:* **USA**

Org. Name: **D/B/A CLEMENT'S MARKET**
Mailing Address1: **2575 EAST MAIN ROAD**
City: **PORTSMOUTH** *State:* **RI** *ZIP:* **02871** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **SUPERVALU HOLDINGS,**
Mailing Address1: **PO BOX 990**
Mailing Address2: **ATTN: CREDIT DEPT.**
City: **MINNEAPOLIS** *State:* **MN** *ZIP:* **55440** *Country:* **USA**

ASSIGNEE INFORMATION

Org. Name: **C&S WHOLESALE GROCERS, INC.**
Mailing Address1: **7 CORPORATE DRIVE**
City: **KEENE** *State:* **NH** *ZIP:* **03431** *Country:* **USA**

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