# UCC-3 Form - Continuation

*Original File Number:* **716345** *Original File Date:* **8/9/2000**

## FILER INFORMATION

*Full name:* **CT LIEN SOLUTIONS** *Phone:* **(800)331-3282**

## CONTACT INFORMATION

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## DEBTOR INFORMATION

*Org. Name:* **EASTERN PROPANE GAS INC**
*Mailing Address1:* **PO BOX 1800**
*City:* **ROCHESTER** *State:* **NH** *ZIP:* **03866** *Country:* **USA**

## SECURED PARTY INFORMATION

*Org. Name:* **TD BANK, N.A AS SUCCESSOR BY MERGER TO BANK OF NEW HAMPSHIRE, N.A.**
*Mailing Address1:* **1701 ROUTE 70 EAST**
*City:* **CHERRY HILL** *State:* **NJ** *ZIP:* **08034** *Country:* **USA**

*Org. Name:* **BANK OF NEW HAMPSHIRE NA**
*Mailing Address1:* **300 FRANKLIN ST**
*City:* **MANCHESTER** *State:* **NH** *ZIP:* **03101** *Country:* **USA**

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