

UCC-3 Form - Continuation

Original File Number: **200502552010** Original File Date: **7/18/2005 3:52:00 PM**

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:48277666**

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

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

DEBTOR INFORMATION

Org. Name: **CASTINGS ETC., INC.**

Mailing Address1: **20 PINE KNOLL DRIVE**

City: **HOPE** State: **RI** ZIP: **02831** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **CITIBANK, N.A.**

Mailing Address1: **388 GREENWICH STREET**

City: **NEW YORK** State: **NY** ZIP: **10013** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: