

UCC-3 Form - Continuation

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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:48923845**

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

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

DEBTOR INFORMATION

Org. Name: **CRYSTAL LAKE TAVERN, INC.**

Mailing Address1: **100 BRONCO HIGHWAY**

City: **HARRISVILLE** State: **RI** ZIP: **02830** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **TD BANK, N.A. AS SUCCESSOR BY MERGER TO TD BANKNORTH, NA**

Mailing Address1: **1701 ROUTE 70 EAST**

City: **CHERRY HILL** State: **NJ** ZIP: **08034** Country: **USA**

Org. Name: **TD BANKNORTH, NA**

Mailing Address1: **370 MAIN STREET**

City: **WORCESTER** State: **MA** ZIP: **01608** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

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