

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:49150629**

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

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

DEBTOR INFORMATION

Org. Name: **ATLANTIC AUTOCENTER II**

Mailing Address1: **616 ATWOOD AVENUE**

City: **CRANSTON** State: **RI** ZIP: **02920** Country: **USA**

Org. Name: **ATLANTIC AUTOCENTER, LLC**

Mailing Address1: **616 ATWOOD AVENUE**

City: **CRANSTON** State: **RI** ZIP: **02920** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **DEALER SERVICES CORPORATION**

Mailing Address1: **1320 CITY CENTER DRIVE STE 100**

City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

Org. Name: **NEXTGEAR CAPITAL, INC.**

Mailing Address1: **1320 CITY CENTER DR, SUITE 100**

City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

TRANSACTION TYPE: STANDARD

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ALTERNATIVE DESIGNATION: