

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:52416666**

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

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

DEBTOR INFORMATION

Last Name: **ORTIZ** First: **RICARDO** Middle: **C.**

Mailing Address1: **127 EAST KILLINGLY ROAD**

City: **FOSTER** State: **RI** ZIP: **02825** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SNAP-ON TOOLS COMPANY LLC**

Mailing Address1: **2801 80TH ST.**

City: **KENOSHA** State: **WI** ZIP: **53141** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: