

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **AUTOMOTIVE FINANCE CORPORATION**
Street #1: **13085 HAMILTON CROSSING BLVD.**
City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**
Notification Method: **E-MAIL** Email: **MARY.MCAULEY@AUTOFINANCE.COM**

DEBTOR INFORMATION

Last Name: **TORRES** First: **RAFAEL**
Mailing Address1: **24 GRAND AVE**
City: **CUMBERLAND** State: **RI** ZIP: **02864** Country: **USA**

Last Name: **TORRES** First: **RAFAEL** Suffix: **II**
Mailing Address1: **24 GRAND AVE**
City: **CUMBERLAND** State: **RI** ZIP: **02864** Country: **USA**

Org. Name: **GRAND AUTO SALES**
Org. Type: **SOLE PROP** Jurisdiction: **RI** Org. ID: **NONE**
Mailing Address1: **24 GRAND AVE**
City: **CUMBERLAND** State: **RI** ZIP: **02864** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**
Mailing Address1: **WWW.AFCDEALER.COM**
Mailing Address2: **13085 HAMILTON CROSSING BLVD STE 300**
City: **CARMEL** State: **IN** ZIP: **46032** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: