UCC-3 Form - Continuation

Original File Number: **657265** *Original File Date:* **9/30/1996**

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:55069810**
City: **GLENDALE** *State:* **CA** *ZIP:* **91209-9071** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **PETE'S TIRE BARN OF RHODE ISLAND L.L.C.**
Mailing Address1: **210 ALLENS AVENUE**
City: **PROVIDENCE** *State:* **RI** *ZIP:* **02903** *Country:* **USA**

Org. Name: **PETE'S TIRE BARN OF RHODE ISLAND L.L.C.**
Mailing Address1: **275 EAST MAIN STREET**
City: **ORANGE** *State:* **MA** *ZIP:* **01364** *Country:* **USA**

SECURED PARTY INFORMATION

Org. Name: **MICHELIN NORTH AMERICA, INC.**
Mailing Address1: **ONE PARKWAY SOUTH**
Mailing Address2: **PO BOX 19001**
City: **GREENVILLE** *State:* **SC** *ZIP:* **29602** *Country:* **USA**

TRANSACTION TYPE: **STANDARD**
COLLATERAL IS / ADMINISTERED BY:
ALTERNATIVE DESIGNATION: