

UCC-3 Form - Continuation

Original File Number: **007048** Original File Date: **2/22/2002**

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:55599070**

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

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

DEBTOR INFORMATION

Org. Name: **SARAH INSURANCE SERVICES, INC.**

Mailing Address1: **1026 MINERAL SPRING AVENUE**

City: **NORTH PROVIDENCE** State: **RI** ZIP: **02904** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **SAN GROUP, INC.**

Mailing Address1: **348 MATTHEWS ROAD, P O BOX 10130**

City: **SWANZEY** State: **NH** ZIP: **03446** Country: **USA**

TRANSACTION TYPE: **STANDARD**

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: