UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **AUTOMOTIVE FINANCE CORPORATION**
Street #1: **13085 HAMILTON CROSSING BLVD**
Street #2: **SUITE 300**
City: **CARMEL** *State:* **IN** *ZIP:* **46032** *Country:* **USA**
Notification Method: **E-MAIL** *Email:* **ERUSHING@AUTOFINANCE.COM**

DEBTOR INFORMATION

Org. Name: **K.B. MOTORS, INC.**
Mailing Address1: **257 HUNT STREET**
City: **CENTRAL FALLS** *State:* **RI** *ZIP:* **02863** *Country:* **USA**

SECURED PARTY INFORMATION

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

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**
Mailing Address1: **TWO PARKWOOD CROSSING 310 E 96TH STREETM, SUITE 300**
City: **INDIANAPOLIS** *State:* **IN** *ZIP:* **46240** *Country:* **USA**

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