

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **R & M AUTO REPAIR LLC**

Mailing Address: **780 GREAT RD**

City, State Zip Country: **NORTH SMITHFIELD, RI 02896-6838 USA**

SECURED PARTY INFORMATION

Org. Name: **GREATAMERICA FINANCIAL SERVICES CORPORATION**

Mailing Address: **625 FIRST STREET**

City, State Zip Country: **CEDAR RAPIDS, IA 52401-2030 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-70549012-57321618

COLLATERAL

1-SPO12-TA 12K LB 2-POST LIFT 1-ROTSPOA10 2-POST 10K LB AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.