

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **W. VARGAS, INC.**

*Mailing Address:* **10 LINDA CT**

*City, State Zip Country:* **PROVIDENCE, RI 02904 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

*Mailing Address:* **330 N BRAND BLVD, SUITE 700; ATTN: SPRS**

*City, State Zip Country:* **GLENDALE, CA 91203 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-71298401-57616343**

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## COLLATERAL

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