

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* **SCHERIE.RANKIN@AUTOFINANCE.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **AUTOMOTIVE FINANCE CORPORATION**

*Mailing Address:* **11299 N. ILLINOIS STREET**

*City, State Zip Country:* **CARMEL, IN 46032 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: AUTOMOTIVE FINANCE CORPORATION**

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**CUSTOMER REFERENCE: 485442SR MCM AUTO SALES, LLC**

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