

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: **ERUSHING@AUTOFINANCE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address: **WWW.AFCDEALER.COM, 11299 N. ILLINOIS STREET**

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

DEBTOR INFORMATION

Org. Name: **SPARTICORP LLC**

Mailing Address: **43 HUMBERT STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

Org. Name: **CERTIFIED AUTO SALES AND SERVICE**

Mailing Address: **43 HUMBERT STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

Org. Name: **HELPINEEDACAR**

Mailing Address: **43 HUMBERT STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

Org. Name: **HELP I NEED A CAR AUTO MART**

Mailing Address: **43 HUMBERT STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

Org. Name: **WRANGLERSDIRECT.COM**

Mailing Address: **43 HUMBERT STREET**

City, State Zip Country: **NORTH PROVIDENCE, RI 02911 USA**

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

Mailing Address: **WWW.AFCDEALER.COM, 11299 N. ILLINOIS STREET**

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 610878ER

COLLATERAL

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