

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: **CLASSIC AUTO LLC**

Mailing Address: **432 S VALLEY ST.**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

Org. Name: **S & S AUTO SALES & REPAIR**

Mailing Address: **432 S VALLEY ST.**

City, State Zip Country: **PROVIDENCE, RI 02908 USA**

SECURED PARTY INFORMATION

Org. Name: **AUTOMOTIVE FINANCE CORPORATION**

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

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

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-84921642-63176649

COLLATERAL

ALL OF DEBTORS ASSETS AND PROPERTIES WHEREVER LOCATED, INCLUDING WITHOUT LIMITATION: ACCOUNTS, CHATTEL PAPER, DEPOSIT ACCOUNTS, DOCUMENTS, EQUIPMENT, FIXTURES, INVENTORY AND OTHER GOODS, GENERAL INTANGIBLES, INSTRUMENTS, INSURANCE POLICIES, INVESTMENT PROPERTY, LETTER OF CREDIT RIGHTS, MONEY, SOFTWARE, SUPPORTING OBLIGATIONS, AND TITLES, NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR; ANY AND ALL PROCEEDS, PRODUCTS, ADDITIONS, ACCESSIONS, ACCESSORIES, AND REPLACEMENTS OF THE FOREGOING; AND ALL OF DEBTORS COMPUTER RECORDS, BUSINESS PAPERS, LEDGER SHEETS, FILES, BOOKS, AND RECORDS RELATING TO THE FOREGOING, NOW OWNED OR HEREAFTER ACQUIRED.