

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: **LA LIN ENTERPRISES, INC.**

Mailing Address: **524 CRANSTON STREET**

City, State Zip Country: **CRANSTON, RI 02921 USA**

SECURED PARTY INFORMATION

Org. Name: **ISUZU FINANCE OF AMERICA, INC**

Mailing Address: **2500 WESTCHESTER AVE., SUITE 312**

City, State Zip Country: **PURCHASE, NY 10577 USA**

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

CUSTOMER REFERENCE: RI-0-87627965-64335678

COLLATERAL

ONE (1) 14' WABASH DRY VAN BODY PRODUCT# N0502732 MOUNTED ON A 2022 ISUZU NQR VIN 54DE5W1LXNS502198