

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: **JOHNSON'S AUTO SERVICE, INC.**

Mailing Address: **1501 MAIN ST**

City, State Zip Country: **WEST WARWICK, RI 02893 USA**

SECURED PARTY INFORMATION

Org. Name: **GREATAMERICA FINANCIAL SERVICES CORPORATION**

Mailing Address: **PO BOX 609**

City, State Zip Country: **CEDAR RAPIDS, IA 52406-0609 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89222329-65004975

COLLATERAL

1 - HUNTER PRONTO ALIGNER WITH COLUMN/WALL MOUNT CABINET AND 24" LCD FLAT PANEL DISPLAY AND 2 CAMERA ULTRA HD VISION TECHNOLOGY SENSORS 1 - HUNTER 20-1789-1 TIRE CLAMP ADAPTOR (SET OF FOUR) AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.