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: **EUROPEAN IMPORTS SERVICE, INC.**

Mailing Address: **207 WATCH HILL RD**

City, State Zip Country: **WESTERLY, RI 02891-5038 USA**

SECURED PARTY INFORMATION

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

Mailing Address: **625 FIRST STREET**

City, State Zip Country: **CEDAR RAPIDS, IA 52401-2030 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-90629835-65605501

COLLATERAL

1 HUNTER TCMW MAVERICK TIRE CHANGER 1 HUNTER 20-3158-1 FLANGE PLATE AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.