

UCC-3 Form - TERMINATION

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FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

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SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SAVINGS INSTITUTE BANK AND TRUST COMPANY

CUSTOMER REFERENCE: RI-0-93807006-66934195
