

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: **GLASS AMERICA WINDOW MFG INC**

Mailing Address: **2 ESMOND STREET**

City, State Zip Country: **SMITHFIELD, RI 02917 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-0-94074731-67057947

COLLATERAL

ONE (1) 20' MORGAN DRY VAN BODY SERIAL# 19816033 WITH LIFTGATE SERIAL# 23040694986 MOUNTED ON A 2023 ISUZU NRR VIN JALE5W168P7306070