

# UCC-1 Form

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## 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**

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## DEBTOR INFORMATION

*Org. Name:* **MANCINI'S SERVICE STATION, INC.**

*Mailing Address:* **1191 HARTFORD AVE**

*City, State Zip Country:* **JOHNSTON, RI 02919-7117 USA**

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## SECURED PARTY INFORMATION

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

*Mailing Address:* **625 FIRST STREET**

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

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-95280799-67560996**

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## COLLATERAL

1 - HUNTER WA624 ALIGNER 1 - HUNTER HE421ML CAMERAS 1 - HUNTER 20-2882-1 INDICATOR KIT 1 - HUNTER 20-3565-1 INCLINOMETER  
1 - HUNTER 20-2511-1 TARGET KIT AND ALL PRODUCTS, PROCEEDS AND ATTACHMENTS.