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: **FITNESS ASSOCIATES, INC.**

Mailing Address: **380 JEFFERSON BOULEVARD**

City, State Zip Country: **WARWICK, RI 02886 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-0-96571118-68153404**

COLLATERAL

ONE 2024 ISUZU NPR-HD VIN 54DC4W1D7RS202370 WITH VAN BODY AND LIFTGATE