

# 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:* **D & H AUTO GROUP, INC.**

*Mailing Address:* **1783 ELMWOOD AVE**

*City, State Zip Country:* **WARWICK, RI 02888 USA**

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## SECURED PARTY INFORMATION

*Org. Name:* **FIRST BANK RICHMOND**

*Mailing Address:* **PO BOX 1145**

*City, State Zip Country:* **RICHMOND, IN 47375-1145 USA**

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## TRANSACTION TYPE: STANDARD

**CUSTOMER REFERENCE: RI-0-96642195-68185167**

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## COLLATERAL

1 ADAS ACCESSORY PKG 1 AUTEL ADAS WHEEL ALIGNMENT 1 ADAS CART