

# UCC-3 Form - TERMINATION

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

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**CUSTOMER REFERENCE: RI-0-100106715-69776169**

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