

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: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **ECC CORPORATION**

Mailing Address: **12 SPRING HOUSE LANE**

City, State Zip Country: **CUMBERLAND, RI 02864 USA**

SECURED PARTY INFORMATION

Org. Name: **MERCHANTS BANK, NATIONAL ASSOCIATION**

Mailing Address: **4550 WEST 77TH STREET SUITE 140**

City, State Zip Country: **EDINA, MN 55435-2033 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103069402-71162852

COLLATERAL

(1) 2025 RAM 1500 4x4 LARAMIE CREW CAB - SERIAL NUMBER: 1C6SRFJP6SN552922, TOGETHER WITH ALL ATTACHMENTS INCLUDING ANY REPLACEMENTS THEREOF OR ACCESSIONS THERETO.