

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: **MY COUSIN VINNY'S RENTALS, LLC**

Mailing Address: **1465 ATWOOD AVE STE 5**

City, State Zip Country: **JOHNSTON, NC 29119 PRI**

SECURED PARTY INFORMATION

Org. Name: **C T CORPORATION SYSTEM, AS REPRESENTATIVE**

Mailing Address: **330 N BRAND BLVD, SUITE 700, ATTN SPRS**

City, State Zip Country: **GLENDAL, CA 91203 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-103939086-71578439

COLLATERAL

RECEIVABLES AND PROCEEDS THEREOF.