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B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendabe_Customer_Service@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9712 - RAYMOND CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 S2606302 OROR THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) To. ORGANIZATION'S NAME MOTORCYCLE SUPERSTORE, INC. OR TINIONIDUAL'S SURNAME OR SUPERSTORE, INC. OR TINIONIDUAL'S SURNAME Frovide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) To. ORGANIZATION'S NAME OR SUPERSTORE, INC. OR THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONL							
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5. Check only if applicable and chec	only one bo	x: Collateral is held in a T	rust (see UCC1Ad, item 17	and Instructions)	being administered by a De	ecedent's Personal Representative
6a. Check only if applicable and check only one box:				6b. Check only if applicable and check only one box:		
Public-Finance Transaction	Mar	ufactured-Home Transaction	A Debtor is a Tran	nsmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (in	applicable):	Lessee/Lessor [Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE	DATA:			•	- +-	
52606302	EG				328051	