CC FINANCING STATEMENTOLLOW INSTRUCTIONS (front and be a phone of contact at filer (option) and a phone: (800) 331-3282 Factor of the second acknowledgement to: (Name and UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	oack) CAREFULLY onall ax: (818) 662-4141					
OLLOW INSTRUCTIONS (front and b N. NAME & PHONE OF CONTACT AT FILER (option): Phone: (800) 331-3282 Factorial Facto	onal) ax: (818) 662-4141					
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NAME & PHONE OF CONTACT AT FILER (option Phone: (800) 331-3282 Far. SEND ACKNOWLEDGEMENT TO: (Name and UCC Direct Services P.O. Box 29071	onal] ax: (818) 662-4141					
Phone:(800) 331-3282 Fa	ax: (818) 662-4141					
UCC Direct Services P.O. Box 29071	Address) 9707 CITIZEN	• • • • • • • • • • • • • • • • • • • •				
P.O. Box 29071		IS LEASIN				
P.O. Box 29071						
P.O. Box 29071	997513	, 'l				
	RIRI					
			THE ABOVE SPA	CE IS FOR F	LING OFFICE USE ONLY	v
DEBTOR'S EXACT FULL LEGAL NAME -	insert only one_debtor name (1a	or 1b) - do not abb			EING OF FIGE OOL OILE	
1a. ORGANIZATION'S NAME Eric Goetz Custom Sailboats, I	nc.					
1b. INDIVIDUAL'S LAST NAME			FIRST NAME		NAME	SUFFIX
MAILING ADDRESS Broad Common Road		CITY Bristol			POSTAL CODE 02809	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION	OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	L
ORGANIZATION CORPORATION		RI				X
ADDITIONAL DEBTOR'S EXACT FULL LE	EGAL NAME - insert only o <u>ne</u> de	ebtor name (2a or 2	b) - do not abbreviate or	combine na	mes	
2a. ORGANIZATION S NAME						
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		RITY		STATE	I postav cops	
. IMPLEITO PODICESS		CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION		2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
DEBTOR  ECURED PARTY'S NAME (or NAME of 1	FOTAL ACCIONET - ( ACCIONO	D 0/0)		(2 2)		NONE
3a. ORGANIZATION'S NAME	TOTAL ASSIGNEE OF ASSIGNO	R S/P) - Insert only	one secured party nam	e (3a or 3b)		····
RBS ASSET FINANCE, INC.						
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
89 CANAL ST		PROVIDENCE		RI	02903	
nis FINANCING STATEMENT covers the following	ng collateral;					
fixtures and all personal property of	the Debtor wherever located	, and whether no	w owned or hereafter	acquired	by the Debtor, or in	which the Debtor
xtures and all personal property of now have or hereafter acquire an in	the Debtor wherever located nterest.	, and whether no	w owned or hereafter	acquired	by the Debtor, or in	which the Debt
		NEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BU	<b>.</b>	NON-UCC FILING
LTERNATIVE DESIGNATION (if applicable)  This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum OPTIONAL FILER REFERENCE DATA		7. Check to REC	QUEST SEARCH REPORT(S			NON-UCC FILING Debtor 1 Debtor 2