

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

UCC DEPARTMENT 1-888-427-8713

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)JOHN DEERE CREDIT
6400 NW 86TH STREET
P. O. BOX 6630
JOHNSTON, IA 50131

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**1a. ORGANIZATION'S NAME**

RHODE ISLAND NURSERIES, INC.

OR

1b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****1c. MAILING ADDRESS**

736 E MAIN RD

CITY

MIDDLETOWN

STATE

RI

POSTAL CODE

028427245

COUNTRY

USA

1d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR**1e. TYPE OF ORGANIZATION**
CORPORATION**1f. JURISDICTION OF ORGANIZATION**
RI**1g. ORGANIZATIONAL ID#, if any**

19942

☐ NONE**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**2a. ORGANIZATION'S NAME**

OR

2b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****2c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****2d. SEE INSTRUCTIONS**ADD'L INFO RE
ORGANIZATION
DEBTOR**2e. TYPE OF ORGANIZATION****2f. JURISDICTION OF ORGANIZATION****2g. ORGANIZATIONAL ID #, if any**☐ NONE**3. SECURED PARTY'S NAME** (or NAME of TOTAL ASSIGNEE OR ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**3a. ORGANIZATION'S NAME**

JOHN DEERE CONSTRUCTION & FORESTRY COMPANY

OR

3b. INDIVIDUAL'S LAST NAME**FIRST NAME****MIDDLE NAME****SUFFIX****3c. MAILING ADDRESS**

6400 NW 86TH STREET

CITY

JOHNSTON

STATE

IA

POSTAL CODE

50131

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

John Deere

320

SKID STEER LOADER

S/N: 129831

5. ALTERNATIVE DESIGNATION (if applicable):☐ LESSEE/LESSOR☐ CONSIGNEE/CONSIGNOR☐ BAILEE/BAILOR☐ SELLER/BUYER☐ AG. LIEN☐ NON-UCC FILING**6. This FINANCING STATEMENT is to be filed (for Record) (or recorded) in the****7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)**
(OPTIONAL FEE) (optional)☐ All Debtors☐ Debtor 1☐ Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

SOS

RHODE ISLAND

895157

12/29/2006