

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone:(800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 15746 US BANK-MANIFE

UCC Direct Services 10030908
P.O. Box 29071
Glendale, CA 91209-9071 RIRI

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
THE KENT CENTER FOR HUMAN & ORGANIZATIONAL DEVELOPMENT, INC.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
300 CENTERVILLE RD SUMMIT STE 301-S WARWICK RI 02886

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION CORPORATION 1f. JURISDICTION OF ORGANIZATION RI 1g. ORGANIZATIONAL ID #, if any 51698 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 of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
US BANCORP

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
PO Box 580337 Minneapolis MN 55458-0337

4. This FINANCING STATEMENT covers the following collateral:

1 - SAGE MIP FUND ACCOUNTING SOFTWARE (5 SEATS), INCLUDING: GENERAL LEDGER W/REPORT WRITER ACCOUNTS PAYABLE BUDGET MANAGEMENT BANK RECONCILIATION DATA IMPORT/EXPORT SYSTEM MANAGER W/3 USERS AND 5 DATABASES INTERFACE TO REVENUE MANAGER ALLOCATIONS MANAGEMENT ACCOUNTS RECEIVABLE REPORTING ACCOUNTS RECEIVABLE BILLING 1 - SAGE FAS NONPROFIT 500 FIXED ASSETS: TRACK PACK (3 SEATS), INCLUDING FAS NONPROFIT 500 ASSET ACCOUNTING FAS NONPROFIT 500 ASSET INVENTORY FAS REPORT WRITER 1 - SYMBOL PPT 8800 HAND SCANNER FOR BAR CODE SCANNING

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 REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 [optional] [ADDITIONAL FEE]

8. OPTIONAL FILER REFERENCE DATA
10030908 699163 6160002114