	ER (optional				
B. SEND ACKNOWLEDGEMENT TO: (Nat	me and Address)				
		7			
RETURN TO: CT CORPORATION S 17 S. HIGH ST., 11th COLUMBUS, OH 432	1 FL. 215				
<u> </u>	FILING		OVE SPACE IS	FOR FILING OFFICE U	SE ONLY
DEBTOR'S EXACT FULL LEGAL NAME – Insert 1a. Organization's Name	only one debier name (1a or th)	- do not abbreviate or combine names			
16. INDIVIDUAL'S LAST NAME BEAN		CHRISTOPHER	MIDD	LE NAME	SUFFIX
MAILING ADDRESS 1 MICHAEL STREET	11000	W. WARWICK	STATE RI	POSTAL CODE 02893	COUNT
TAX ID #: SSN OR EIN ADD'L INFO RE DRGANIZATION		1f. JURISDICTION OF ORGANIZATION		RGANIZATIONAL ID #	
DEBTOR	Sole Proprietorship	RHODE ISLAND	' 		<u> </u>
ODITIONAL DEBTOR'S EXACT FULL LEGAL N	 AME – Insert only one debter nan	 le (2a or 2h) - do net abbreviate or combi	ne names		ΧÌ
2a ORGANIZATION'S NAME				***	-
2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS		FIRST NAME	MIDD	E NAME	SUFFIX
		СПУ	STATE	POSTAL CODE	COUNT
			SIMIL	FOSTAL GODE	COUNT
TAX ID #: SSN OR EIN MDD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. OI	2g. ORGANIZATIONAL ID #, if any	
		incart univ and secured serie name (9)	a orāhi		N N
SECURED PARTY'S NAME (or NAME of TOT)	AL ASSIGNEE of ASSIGNOR S/P) -		* *****		
SECURED PARTY'S NAME (or NAME of TOTAL 3a. ORGANIZATION'S NAME GEORGE WESTON BA					
3a. ORGANIZATION'S NAME GEORGE WESTON BA 3b. INDIVIDUAL'S LAST NAME			MIDD	ENAME	SUFFIX
GEORGE WESTON BA		TUION INC.	MIDD	E NAME	SUFFIX

SELLER/BUYER

7. Check to REQUEST REPORTS(S) on Debtor(s) (ADDITIONAL FEE) (optional)

AG. LEIN

All Debtors

NON- UCC FILING

Debtor 1

Debtor 2

5. ALTERNATIVE DESIGNATION LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR

This FINANCING STATEMENT is to be filed (for record)(or recorded in the REAL ESTATE RECORDS Attach addendum (if applicable)