

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**

CEDARHURST WOODWORKS, INC.

OR

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

44 FISHING COVE RD

CITY

NORTH KINGSTOWN

STATE

RI

POSTAL CODE

028524011

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

108050

☐ 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

FORSELL

FIRST NAME

PAUL

MIDDLE NAME**SUFFIX****2c. MAILING ADDRESS**

44 FISHING COVE RD

CITY

NORTH KINGSTOWN

STATE

RI

POSTAL CODE

028524011

COUNTRY

USA

2d. SEE INSTRUCTIONSADD'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**

DEERE & COMPANY

OR

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

6400 NW 86TH STREET

CITY

JOHNSTON

STATE

IA

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USA

4. This FINANCING STATEMENT covers the following collateral:

John Deere

110L

TRACTOR LOADER BACKHOE

S/N: 610232

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) (ADDITIONAL FEE) (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2**8. OPTIONAL FILER REFERENCE DATA**

SOS RHODE ISLAND 912865 01/25/2007