The Was Attn: Ma 23 Broad	OGMENT TO: (Name and Address) shington Trust Company in Office Lending				
			E ABOVE SPACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT	FULL LEGAL NAME - insert only one debtor nam	ne (1a or 1b) - do not abbreviate or combine	names		
Gunn, Inc.					
16. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 2995		Westerly	RI	02891	USA
d. SEE INSTRUCTIONS ADD'L INFO RE 1e TYPE OF ORGANIZATION DEBTOR Corporation		ON 1f. JURISDICTION OF ORGANIZA	TION 1g. ORG	1g. ORGANIZATIONAL ID #, if any	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		СІТУ	STATE	POSTAL CODE	COUNTRY
		ON 2f. JURISDICTION OF ORGANIZA	TION 2g. ORG	ANIZATIONAL ID #, if any	
d. SEE INSTRUCTIONS	ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR				
ed. SEE INSTRUCTIONS D. SECURED PARTY (3a. ORGANIZATION'S	ORGANIZATION DEBTOR "S NAME (or NAME of TOTAL ASSIGNEE of ASSI	GNOR S/P) - insert only one secured party n	ame (3a or 3b)		
3a. ORGANIZATION'S The Washingto	ORGANIZATION DEBTOR "S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE of ASSIGNEE of TOTAL ASSIGNEE OF A				
3a. ORGANIZATION'S	ORGANIZATION DEBTOR "S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE of ASSIGNEE of TOTAL ASSIGNEE OF A	GNOR S/P) - insert only one secured party n	name (3a or 3b) MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S The Washingto	ORGANIZATION DEBTOR "S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE of ASSIGNEE of TOTAL ASSIGNEE OF A			NAME POSTAL CODE	SUFFIX
3a. ORGANIZATION'S The Washingto 3b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR "S NAME (or NAME of TOTAL ASSIGNEE of ASSI	FIRST NAME	MIDDLE		