

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 CATALANO CONSTRUCTION, INC.				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 10 NATE WHIPPLE HWY		CITY CUMBERLAND	STATE RI	POSTAL CODE 028641415
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION RI
			1g. ORGANIZATIONAL ID#, if any 53606	☐ 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 CATALANO	FIRST NAME BERNARD	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 195 BEAR HILL RD		CITY CUMBERLAND	STATE RI	POSTAL CODE 028646016
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

4. This FINANCING STATEMENT covers the following collateral:

Hitachi 200 EXCAVATOR S/N: 311134

5. ALTERNATIVE DESIGNATION (if applicable):		☐ LESSEE/LESSOR	☐ CONSIGNEE/CONSIGNOR	☐ BAILEE/BAILOB	☐ 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		923925		02/10/2007	