NAME & PHONE OF CON Phone:(800)	TACT AT FILER [opt		-4141	i				
SEND ACKNOWLEDGEMENT TO: (Name and Address) 13679 WES			13679 WEST	ERN FINANC				
UCC Direct Services 10380 P.O. Box 29071			103809	63				
	\ 91209-9071		RIRI	I				
		insert only o <u>ne</u>	debtor name (1a	a or 1b) - do not a	THE ABOVE SPA		ILING OFFICE USE ONI	LY
1a. ORGANIZATION'S N	AME							
16. INDIVIDUAL'S LAST Kenyon	INDIVIDUAL'S LAST NAME PNYON			FIRST NAME David		MIDDLE NAME		SUFFIX
IAILING ADDRESS 5 Post Rd				North King	ıstown	STATE RI	POSTAL CODE 02852	COUNTRY
EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF OR	GANIZATION	1f. JURISDICTIO	ON OF ORGANIZATION	1g. OR0	SANIZATIONAL ID #, if a	ny NON
DDITIONAL DEBTOR'		EGAL NAME - in:	sert only o <u>ne</u> de	ebtor name (2a o	r 2b) - do not abbreviate o	r combine na	imes	
25, INDIVIDUAL'S LAST NAME Kenyon				FIRST NAME Elise		MIDDLE NAME		SUFFIX
alling address 5 Post Rd				CITY North Kingstown		STATE RI	POSTAL CODE 02852	COUNTRY
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			GANIZATION	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		ny Non
ECURED PARTY'S NA 3a. ORGANIZATION'S N	ME (or NAME of	FOTAL ASSIGNE	EE of ASSIGNO	R S/P) - insert or	nly one_secured party nar	ne (3a or 3b)		
Western Finance								
3b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE NAME		SUFFIX
AILING ADDRESS Box 640			****	сіту Devils Lake		STATE ND	POSTAL CODE 58301	COUNTRY
s FINANCING STATEME	NT covers the followi	ng collateral:						
	JIPMENT OR IN	A /ChitAct	1 Toro	Dingo TX 420	CN:260000EE6	1 Standa	ard Bucket SN:270 RESENT AND FUT CEEDS THEREOR	ILIRE

IAME OF FIRST DEBTOR (1a c	r 1b) ON RELATED FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME		10 10 10 10 10 10 10 10 10 10 10 10 10 1				
96. INDIVIDUAL'S LAST NAME Kenyon	FIRST NAME David	MIDDLE NAME, SUFFIX				
. MISCELLANEOUS						
)380963-RI-0						
3679 WESTERN FINANC						
2270-002 le with: Rhode Island						
ADDITIONAL DEBTOR'S EXAC	T FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviat		OR FILING OFFICE US	- ONLY	
11a ORGANIZATION'S NAME Taylor Rental	THOSE ELONE WANTE - ITSELF ONLY GIR	s name (178 or 115) - do not abbreviat	e or comolne names			
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLI	E NAME	SUFFIX	
				_ \	00.1.2.	
c. MAILING ADDRESS		CITY	STATE		COUNTRY	
7785 Post Rd		North Kingstown	RI	02852		
ORGAN	NFO RE 11e. TYPE OF ORGANIZATION DBA	11f. JURISDICTION OF ORGANIZATION	ON 11g. O	RGANIZATIONAL ID#,	•	
DEBTO	R DD/(131			X NON	
ADDITIONAL SECURED I	PARTY'S or ASSIGNOR S/P's	NAME - insert only one name (12a or	12b)			
12a. ORGANIZATION'S NAME						
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
This FINANCING STATEMENT cover	s timber to be cut or as-extracte	d 16. Additional collateral description:	1		1	
collateral or is filed as a fixture	e filing.					
. Description of real estate:						
,						
	•	•				
	•					
Name and address of a DECORD CV	INED of about described as					
Name and address of a RECORD OW (if Debtor does not have a record int						
		17 Check only if annicable and check	only one hav			
		17. Check only if applicable and check Debtor is a Trust or Trustee ac		perty held in trust or	Decedent's Estate	
			ting with respect to pro	perty held in trust or	Decedent's Estate	
		Debtor is a Trust or Trustee ac	ating with respect to pro	perty held in trust or	Decedent's Estate	
		Debtor is a Trust or Trustee ac	ting with respect to proonly one box.		Decedent's Estate	