

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]
DAWN STANGLE 904-987-2256

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

**BANK OF AMERICA
P.O. BOX 2759
JACKSONVILLE, FLORIDA
32203**

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

OR

1b. INDIVIDUAL'S LAST NAME HOPKINS	FIRST NAME BART	MIDDLE NAME D	SUFFIX
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1c. MAILING ADDRESS

53 VANICEK AVE	CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842-6201	COUNTRY USA
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1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any 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	FIRST NAME	MIDDLE NAME	SUFFIX
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2c. MAILING ADDRESS

	CITY	STATE	POSTAL CODE	COUNTRY
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2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any NONE

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
BANK OF AMERICA

OR

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

P.O. BOX 2759	CITY JACKSONVILLE	STATE FL	POSTAL CODE 32203	COUNTRY USA
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4. This FINANCING STATEMENT covers the following collateral:

1FDKE30G5SHB68516 U 1995 MINN

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. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA:

59102008589258