

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>ERICKA KIMBLE</b>                                                  |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>BANK OF THE WEST<br/>PO BOX 8160<br/>WALNUT CREEK, CA 94596</b> |  |

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<br><b>HALL</b> |                                   | FIRST NAME<br><b>ERIC</b> | MIDDLE NAME<br><b>S</b>          | SUFFIX                                                           |
| 1c. MAILING ADDRESS<br><b>515 JOSLIN ROAD</b> |                                           |                                   | CITY<br><b>GLENDALE</b>   | STATE<br><b>RI</b>               | POSTAL CODE<br><b>02826</b>                                      |
| 1d. <b>SEE INSTRUCTIONS</b>                   |                                           | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION  | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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<br><b>HALL</b> |                                   | FIRST NAME<br><b>DIANE</b> | MIDDLE NAME<br><b>D</b>          | SUFFIX                                                           |
| 2c. MAILING ADDRESS<br><b>515 JOSLIN ROAD</b> |                                           |                                   | CITY<br><b>GLENDALE</b>    | STATE<br><b>RI</b>               | POSTAL CODE<br><b>02826</b>                                      |
| 2d. <b>SEE INSTRUCTIONS</b>                   |                                           | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION   | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> 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<br><b>BANK OF THE WEST</b> |                            |  |                             |                    |                             |
| OR                                                 | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME                  | MIDDLE NAME        | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>P O BOX 8160</b>         |                            |  | CITY<br><b>WALNUT CREEK</b> | STATE<br><b>CA</b> | POSTAL CODE<br><b>94596</b> |

4. This FINANCING STATEMENT covers the following collateral:

**2006 KARAVAN U8 2450 5KTBS19156F189748**

|                                                                                                                                   |  |                                                              |                     |               |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|---------------------|---------------|--------------|----------|----------------|
| 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) (optional) |                     | All Debtors   |              | Debtor 1 | Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA<br><b>362-568324</b>                                                                             |  |                                                              |                     |               |              |          |                |