

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

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

4. This FINANCING STATEMENT covers the following collateral:

2006 KARAVAN U8 2450 5KTBS19156F189748

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|---|--|--|---------------------|---------------|--------------|----------|----------------|
| 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 362-568324 | | | | | | | |