

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 8844 DIRECT CAPITAL	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	10492535 RIRI

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 Andera Inc				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 204 Westminster St		CITY Providence	STATE RI	POSTAL CODE 02903
1d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION RI
			1g. ORGANIZATIONAL ID #, if any 113014	☐ 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
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. <u>SEE INSTRUCTIONS</u>		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 of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Direct Capital Corporation				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 155 Commerce Way		CITY Portsmouth	STATE NH	POSTAL CODE 03801

4. This FINANCING STATEMENT covers the following collateral:

All Debtor/Lessee's Equipment, Machinery, and other Fixed Assets, Whether Located On The Premises Or Elsewhere, Whether Now Owned or Hereafter Acquired. "All Debtor/Lessee's Equipment, Machinery, and other Fixed Assets, Whether Located On The Premises Or Elsewhere, Whether Now Owned or Hereafter Acquired. The Secured Party named above (the "Lessor") and the Debtor named above (the "Lessee") intend and agree that the transaction under the lease constitutes a "true lease" of the property with is the subject of the Lease. The execution and filing of this financing statement shall not be construed to contradict such intention and agreement. If, however, the transaction under the Lease is deemed to constitute a financing or any other transaction not constituting a 'true lease', it shall be deemed that this financing statement has been filed to perfect any security interest granted by the Lessee under the Lease to secure all of the Lessee's obligations to the Lessor under the Lease."

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 FEE) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2 (optional)	
8. OPTIONAL FILER REFERENCE DATA			
10492535		21707	
		Andera Inc	

NATIONAL OFFICE FURNITURE

36 BRANCH AVE.-PROVIDENCE, RI 02904
PHONE (401) 274-9000 FAX (401) 273-5200

2/15/2007

BILL TO: DIRECT CAPITAL
155 COMMERCE WAY
PORTSMOUTH, NH 03801

SHIP TO: ANDERA, INC.
204 WESTMINSTER STREET
PROVIDENCE, RI 02903

272-5893

ATT: JENNIFER JENSEN - 621-7900 x18
(jjensen@andera.com)

FROM: WAYNE ROBINSON

INVOICE M7919

ITEM	MODEL	DESCRIPTION	QTY	UNIT	AMOUNT
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USED HAWORTH WORKSTATIONS WITH NEW FABRIC

A	HAW6072	WORKSTATION WITH ELECTRIC EACH CONSISTING OF: 1 - CORNER WORKSURFACE 2 - SIDE WORKSURFACES 2 - DRAWER SETS 1 - FLIPPER CABINET 1 - OPEN SHELF 1 - TASK LIGHT 1 - KEYBOARD TRAY 1 - TACKBOARD - 36"	8	1,450.00	11,600.00
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PRODUCT	11,600.00
SET UP & DELIVERY	1,200.00
TOTAL	12,800.00

RI RESALE #02046800100