

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                             |                      |
|---------------------------------------------------------------------------------------------|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone: (800) 331-3282 Fax: (818) 662-4141 |                      |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 12834 SNAP ON CREDIT                         |                      |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                            | 10544068<br><br>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                 |  |                                         |                                                                  |                                  |
| OR                                      |  |                                         |                                                                  |                                  |
| 1b. INDIVIDUAL'S LAST NAME<br>TEFFT     |  | FIRST NAME<br>STEVEN                    | MIDDLE NAME                                                      | SUFFIX                           |
| 1c. MAILING ADDRESS<br>512 KINGSTOWN RD |  | CITY<br>WEST KINGSTON                   | STATE<br>RI                                                      | POSTAL CODE<br>02892             |
| 1d. <u>SEE INSTRUCTIONS</u>             |  | ADD'L INFO RE<br>ORGANIZATION<br>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  |  | FIRST NAME                              | MIDDLE NAME                                                      | SUFFIX                           |
| 2c. MAILING ADDRESS         |  | CITY                                    | STATE                                                            | POSTAL CODE                      |
|                             |  |                                         |                                                                  | COUNTRY                          |
| 2d. <u>SEE INSTRUCTIONS</u> |  | ADD'L INFO RE<br>ORGANIZATION<br>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>SNAP ON CREDIT            |  |                      |             |                      |
| OR                                                   |  |                      |             |                      |
| 3b. INDIVIDUAL'S LAST NAME                           |  | FIRST NAME           | MIDDLE NAME | SUFFIX               |
| 3c. MAILING ADDRESS<br>950 TECHNOLOGY WAY, SUITE 301 |  | CITY<br>LIBERTYVILLE | STATE<br>IL | POSTAL CODE<br>60048 |
|                                                      |  |                      |             | COUNTRY              |

4. This FINANCING STATEMENT covers the following collateral:

Purchase Money Security Interest in automotive tools and equipment, more specifically, listed on Credit Sales Contract or Equipment Lease No. listed below. In addition to the purchase money security interest granted in the collateral listed on the referenced, the collateral shall include all items of tools and equipment of Debtor, whether now owned or hereafter acquired, which were acquired from a Snap-on Dealer, and any and all goods and equipment manufactured or distributed by Snap-on Incorporated or any of its affiliates, or bearing the Snap-on or Sun Electric trademarks or logos, together with all proceeds (including insurance proceeds or claims), accessions, attachments, additions, substitutions and replacements to and of such items (the foregoing and the collateral listed on the referenced Credit Sales Contract or Equipment Lease are collectively referred to as "Collateral"). Credit Sales Contract No.: 114294887\*1

|                                                                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. ALTERNATIVE DESIGNATION [if applicable] <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING |  |
| 6. <input type="checkbox"/> 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) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2                                                                                                                            |  |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                      |  |
| 10544068 114294887*1 EPC                                                                                                                                                                                                                                                              |  |