A. NAME & PHONE OF COM I. Lagasse 800-281-0	0025 X4588				
TD Banknortl PO Box 1377 Lewiston, ME					
March 02, 200	7		/E SPACE IS FO	PR FILING OFFICE US	SE ONLY
I. DEBTOR'S EXACT FULL  1a. ORGANIZATION'S NAMI	. LEGAL NAME - insertonly <u>one</u> debtor name (1a or 1b E			······································	
DOBROSKI	ME .	FIRST NAME  ANTHONY	MIDDLE	MIDDLE NAME	
c. MAILING ADDRESS  28 BLUEBERRY HI	EIGHTS	CITY W GREENWICH	STATE RI	POSTAL CODE  02817	COUNTRY
Not Applicable	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	V N
Zb. INDIVIDUAL'S LAST NAME		FIRST NAME  CITY	MIDDLE	NAME POSTAL CODE	SUFFIX
Not Applicable	ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if any	
SECURED PARTY'S NA (3a. ORGANIZATION'S NAME	ME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/F	P) - insert only <u>one</u> secured party name (3a or 3b)			120
TD Banknorth, N		FIRST NAME	MIDDLE	NAME	Louisey
			WIIDDEE	IVAIVIC	SUFFIX
c. MAILING ADDRESS PO Box 1377		CITY  Lewiston	STATE ME	POSTAL CODE 04243-1377	COUNTRY
. This FINANCING STATEMENT 1992 Burlington Hon FM4561-HJ					

DOBROSKI

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