

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) 18367 EQUILEASE FINA	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	10554657 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 Portillo		FIRST NAME John	MIDDLE NAME F.	SUFFIX
1c. MAILING ADDRESS 1041 Atwells Ave.		CITY Providence	STATE RI	POSTAL CODE 02909
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		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
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 EFS Credit Trust				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 50 Washington Street		CITY South Norwalk	STATE CT	POSTAL CODE 06854

4. This FINANCING STATEMENT covers the following collateral:

All equipment listed on security agreement number 064908-001 : (1) 2004 Freightliner Classic XL FLD120, 417,000 miles, Detroit 500hp diesel engine, 10 speed transmission, engine brake, 70 inch condo sleeper, 10 aluminum wheels, air slide fifth wheel - VIN 1FUJAPCK74DM29358 together with all accessories, attachments, replacements, substitutions and accessions related thereto, along with all cash and non-cash proceeds (including without limitation indemnity claims, claim payments and other proceeds relating to insurance), products and rents therefrom.

5. ALTERNATIVE DESIGNATION [if applicable] ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING6. ☐ 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) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2 [optional] (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

10554657

064908-001