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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
 STACEY RICHER 800-556-6600

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DOMESTIC BANK  
 815 RESERVOIR AVE  
 CRANSTON RI 02910

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: CLARK FIRST NAME: GEORGE MIDDLE NAME: SUFFIX:

1c. MAILING ADDRESS: 301 RAILROAD AVE CITY: SAUNDERSTOWN STATE: RI POSTAL CODE: 02874 COUNTRY:

1d. TAX ID #, SSN OR EIN NOT REQUIRED IN RHODE ISLAND ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any  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. TAX ID #, SSN OR EIN NOT REQUIRED IN RHODE ISLAND 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: DOMESTIC BANK

OR 3b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

3c. MAILING ADDRESS: 815 RESERVOIR AVE CITY: CRANSTON STATE: RI POSTAL CODE: 02910 COUNTRY:

4. This FINANCING STATEMENT covers the following collateral:

1995 LINCILN TOWNCAR  
VIN # 1LNLM81W0SY760657

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FINANCING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum [if applicable] 7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA