

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) 9707 CITIZENS LEASIN

UCC Direct Services 10609031
P.O. Box 29071
Glendale, CA 91209-9071 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
The Allied Group, Inc.

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
25 Amflex Drive Cranston RI 02901

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION CORPORATION 1f. JURISDICTION OF ORGANIZATION RI 1g. ORGANIZATIONAL ID #, if any 723 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. SEE INSTRUCTIONS 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
RBS Asset Finance, Inc.

OR

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

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
One Citizens Plaza Providence RI 02903

4. This FINANCING STATEMENT covers the following collateral:

All of the Equipment, wherever located, now or hereafter leased, under a Master Equipment Lease dated as of October 5, 2006, and all Schedules attached thereto, between the Lessor and the Lessee, including but not limited to the Equipment set forth on the attached Schedule A, and all replacements, repairs, substitutions, additions, accessions and accessories thereto, any deposit accounts or security deposits related thereto, all related software, embedded therein or otherwise, and to the extent not listed above as original collateral, proceeds and products of the foregoing, including the proceeds of all insurance policies with respect to the Equipment, in all cases whether now owned or hereafter acquired.

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAIOLR 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) [All Debtors] Debtor 1 Debtor 2 [ADDITIONAL FEE] [optional]

8. OPTIONAL FILER REFERENCE DATA

10609031

2327-3-TC

direct



SCHEDULE A EQUIPMENT

RBS Asset Finance, Inc. d/b/a
CITIZENS ASSET FINANCE

The Allied Group, Inc.

This Schedule A of Equipment is attached to and made a part of:

Lease Schedule No. 3 and all related documents.

<u>Qty</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Equipment Description</u>	<u>Serial Number</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
1	2006	Pitney Bowes	FPS	Inserting System w/ stacker, rotary feed and all other accessories and attachments		30 Martin Street	Cumberland	RI	02864

RBS Asset Finance, Inc. d/b/a
CITIZENS ASSET FINANCE

The Allied Group, Inc.

By: _____
Name: _____
Title: _____

By: _____
Name: _____
Title: _____