

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	RIRI
Glendale, CA 91209-9071	

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 25 Amflex Drive		CITY Cranston	STATE RI	POSTAL CODE 02901	COUNTRY
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any 723	<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 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 RBS Asset Finance, Inc.					
OR	3b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS One Citizens Plaza		CITY Providence	STATE RI	POSTAL CODE 02903	COUNTRY

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: _____