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C FINANCING STATEMENT						
LOW INSTRUCTIONS (front and back) CAR  AME & PHONE OF CONTACT AT FILER [optional]	EFULLY					
Phone: (800) 331-3282 Fax: (818)	662-4141					
SEND ACKNOWLEDGEMENT TO: (Name and Address) 12834 SNAP		N CREDIT				
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UCC Direct Services	1062385	:, '				
P.O. Box 29071	1002303	, 1				
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Glendale, CA 91209-9071		ıl				
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b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
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AILING ADDRESS LEMAY RD		WOONSOCKE	NSOCKET		POSTAL CODE 02895	COUNTRY
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ORGANIZATION DEBTOR						
DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME	E - insert only o <u>ne</u> del	otor name (2a or 2b) -	do not abbreviate or c	combine na	mes	
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2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS		FIRST NAME		MIDDLE NAME		SUFFIX
				STATE	POSTAL CODE	COUNTRY
EE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION		2n ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		21. JUNIODIO HON OF ORGANIZATION				NONI
ECURED PARTY'S NAME (or NAME of TOTAL ASS	SIGNEE of ASSIGNOR	t S/P) - insert only o <u>n</u>	secured party name	(3a or 3b)		
39. ORGANIZATION'S NAME SNAP ON CREDIT		FIRST NAME		MIDDLE NAME		
39. ORGANIZATION'S NAME SNAP ON CREDIT 35. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLF	NAME	SUFFIX
SNAP ON CREDIT		FIRST NAME		MIDDLE	NAME	SUFFIX
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Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282