CC FINANCING	STATEME	ENT				
OLLOW INSTRUCTIONS I. NAME & PHONE OF C						
		88-315-8733 X33410				
SEND ACKNOWLEDG	MENTIO: (Nam	ne and Address)				
GREEN TR	EE SERVICI	NG LLC	l l			
7360 S. KY	RENE RD.	222				
MAIL STO TEMPE, AZ						
TEMFE, AZ	2 03203					
DEBTOR'S EVACT O	ILL LECAL NAM	E :	or 1b) - do not abbreviate or combine names	SPACE IS FO	OR FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NA		r - insert only ôte deptor name (18	on to) - do not appreviate or compline names			
ıR			Important	MIDDLE	NAME	SUFFIX
BECK	NAME		FIRST NAME SHARYN	MIDDLE NAME EARL		SUFFIX
: MAILING ADDRESS			CITY	STATE POSTAL CODE		COUNTRY
4 LIENA ROSE W			COVENTRY	RI	02816	USA
I. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any			
and the second s		LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or com	ibine names	,	
2a. ORGANIZATION'S NA	AME					
R 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
				OTATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. ORG	I ANIZATIONAL ID #, if any		
		of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (3a or	· 3b)		
3a. ORGANIZATION'S NA GREEN TREE		SERVICING CORP				
R 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
			CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDDESS	ARK DRIVE		BEDFORD	NH	03110	USA
MAILING ADDRESS 3 EXECUTIVE PA	MIX DIM IL				1	1

	RNATIVE DESIGNAT				/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG.	LIEN	NON-UCC FILING
6. Th	his FINANCING STAT STATE RECORDS.	EMENT is to be filed [Attach Addendum	for record] (or recorded)	n the REAL [if applicable]	7. Check to REQ IADDITIONAL	UEST SEARCH REPOR	RT(S) on Debtor(s) [optional]	All Debt	ors Det	btor 1 Debtor 2
8, OPTIO	ONAL FILER REFERE	NCE DATA								
723	312307									

DLLOW INSTRUCTIONS (front ar NAME OF FIRST DEBTOR (1a			TEMENT					
9a. ORGANIZATION'S NAME								
9b. INDIVIDUAL'S LAST NAME	FIRS	T NAME	MIDDLE NAME,SU	FFIX				
BECK	SH	ARYN	EARL					
. MISCELLANEOUS:								
i. ADDITIONAL DEBTOR'S EXA	CT FULL LEGAL	_ NAME - insert only <u>one</u> n	ame (11a or 11b) - do not a			IS FOR FILING OFFI	CE USE ONLY	
11a. ORGANIZATION'S NAME								
R 11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME		
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
	IZATION	PE OF ORGANIZATION	11f. JURISDICTION OF O		11g. QR0	GANIZATIONAL ID #, if a	ny NC	
. ADDITIONAL SECURED I	PARTY'S or	ASSIGNOR S/P'S	NAME - insert only one r	name (12a or 12b)	•••			
126. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX	
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
3. This FINANCING STATEMENT cove collateral, or is filed as a fixture is Description of real estate.	LJ	cut or as-extracted	16. Additional collateral of	lescription:				
. Name and address of a RECORD ON (if Debtor does not have a record inte		scribed real estate	17. Check <u>only</u> if applicat	le and check <u>only</u> or	ne box.			