NAME & PHONE OF	NS (front and back) CAREFI CONTACT AT FILER [option	onal]	24	<u> </u>		
Marcos Mieses 978-244-2: SEND ACKNOWLEDGMENT TO: (Name and Address)			31	1		
100 APOL PO BOX 8	MOTOR CREDIT CO LO DRIVE SUITE 20 B FORD, MA 01824			:		
				400 E 6046E IS E	OR FU INC OFFICE LICE	ONLY
DEBTOR'S EXACT	T FULL LEGAL NAME - inse	rt only one debtor name (1a or	1b) - do not abbreviate or combine na		OR FILING OFFICE USE	ONLT
1a. ORGANIZATION'S	S NAME	\AL	alton Enterprises, Inc.			
1b. INDIVIDUAL'S LA	NDIVIDUAL'S LAST NAME		FIRST NAME	MIDDI	MIDDLE NAME	
MAILING ADDRESS			CITY	STATI	E POSTAL CODE	COUNTRY
500 Taunton			East Providenc	e MA		USA
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ADDITIONAL DEBT	DEBTOR DEBTOR	Corporation	otor name (2a or 2b) - do not abbreviate	- 	197010	□NON
2a. ORGANIZATION'S		L NAME - Insert only one deb	for hame (2a or 2b) - do not appreviate	s or combine names		
R 25. INDIVIDUAL'S LA	CT NAME		FIRST NAME	MIDDI	LE NAME	Isuffix
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SECURED PART		TAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party na	ame (3a or 3b)		
		TOYOTA M	OTOR CREDIT CORPOR	ATION		
	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDI	MIDDLE NAME	
R 3b. INDIVIDUAL'S LA	ST NAME				E POSTAL CODE	COUNTRY
3b. INDIVIDUAL'S LA	ST NAME		CITY	STAT		USA
3b. INDIVIDUAL'S LA C. MAILING ADDRESS This FINANCING STAT	PO BOX 8	illateral:	CHELMSFORI		!	