Phone:(800	• •	ax: (818) 662-41	41	- <del></del>				
. SEND ACKNOWLEDGEN	D ACKNOWLEDGEMENT TO: (Name and Address) 10968 MAI		968 MARLII	N LEASING				
UCC Direct Services 107			071185	56   				
P.O. Box 29071								
Glendale, CA 91209-9071		R	RIRI					
<u> </u>					THE ABOVE SPA	ICE IS EOD E	ILING OFFICE USE ONLY	
DEBTOR'S EXACT FU		insert only one debt	tor name (1a	or 1b) - do not a	abbreviate or combine nam		LING OFFICE USE ONLY	
HODGES BADO		INC						
1b. INDIVIDUAL'S LAS	b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME	
MAILING ADDRESS 70 E MAIN RD			PORTSMOUTH		STATE RI	POSTAL CODE 02871	COUNTR	
ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR			1f. JURISDICTION OF ORGANIZATION RI		1g. ORG	1g. ORGANIZATIONAL ID #, if any		
ADDITIONAL DEBTOR		EGAL NAME - insert	only o <u>ne</u> de	btor name (2a c	r 2b) - do not abbreviate o	combine na	mes	X
2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME		
MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTR
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			IZATION	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
3a. ORGANIZATION'S I	NAME	FOTAL ASSIGNEE o	f ASSIGNOR	R S/P) - insert or	nly o <u>ne</u> secured party nan	ne (3a or 3b)		
MARLIN LEASI			<del>1</del>					
3b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	MIDDLE NAME	
MAILING ADDRESS 00 FELLOWSHIP RD				MOUNT LAUREL		STATE	POSTAL CODE 08054	COUNTR
nis FINANCING STATEMI	ENT covers the followi	ng collateral:			·			
	ENT covers the following	•	ACCHENT	MOUNT L		NJ PER SERV	1	) U