| Diligenz, Inc. | ONTACT AT FILER [optional] | | | | |
|--|--|--|------------------|--------------------------------------|----------|
| | 1-800-858-5294 | | | | |
| | MENT TO: (Name and Address) | | | | |
| 25369006 Diligenz, Inc 6500 Harbo Mukilteo, W | ur Heights Pkwy, Suite 400 | | | | |
| L | Filed In: Rhode Islan | ` — | SPACE IS FO | R FILING OFFICE US | E ONLY |
| | LL LEGAL NAME - insert only one debtor name (1a | or 1b) - do not abbreviate or combine names | | | |
| Ta. ORGANIZATION'S NA Concordia Man | | | | | |
| 1b. INDIVIDUAL'S LAST N | | FIRST NAME | MIDDLE NAME | | SUFFIX |
| L c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY. |
| 4 Laurel Ave | | Coventry | RI | 02816 | USA |
| d. TAX ID #: SSN OR EIN | ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION LLC | 11. JURISDICTION OF ORGANIZATION RI | 1g. ORG/ 1337 | NIZATIONAL ID #, if any | □nc |
| . ADDITIONAL DEBTOR | 'S EXACT FULL LEGAL NAME - insert only one of | ebtor name (2a or 2b) - do not abbreviate or combi | ne names | . " | |
| 2a. ORGANIZATION'S NA | | | | | |
| 2a. ORGANIZATION'S NA DR 2b. INDIVIDUAL'S LAST N | ME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| \n | ME | FIRST NAME | MIDDLE | NAME POSTAL CODE | SUFFIX |
| 2b. INDIVIDUAL'S LAST N 2b. INDIVIDUAL'S LAST N C. MAILING ADDRESS d. TAX ID #: SSN OR EIN | ME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | CITY 21. JURISDICTION OF ORGANIZATION | STATE 2g. ORG | | COUNTRY |
| 2b. INDIVIDUAL'S LAST N 2c. MAILING ADDRESS d. TAX ID #: SSN OR EIN | ME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME of TOTAL ASSIGNEE of ASSIGNOR | CITY 21. JURISDICTION OF ORGANIZATION | STATE 2g. ORG | POSTAL CODE | |
| 2b. INDIVIDUAL'S LAST N 2b. INDIVIDUAL'S LAST N 2c. MAILING ADDRESS d. TAX ID #: SSN OR EIN D. SECURED PARTY'S 3a. ORGANIZATION'S NA | ME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME of TOTAL ASSIGNEE of ASSIGNOR | CITY 21. JURISDICTION OF ORGANIZATION | STATE 2g. ORG | POSTAL CODE | COUNTRY |
| 2b. INDIVIDUAL'S LAST N 2b. INDIVIDUAL'S LAST N 2c. MAILING ADDRESS d. TAX ID #: SSN OR EIN D. SECURED PARTY'S 3a. ORGANIZATION'S NA | ME AME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF ME OF TOTAL ASSIGNEE OF ASSIGNOF ME OF TOTAL SERVICES, INC | CITY 21. JURISDICTION OF ORGANIZATION | STATE 2g. ORG | POSTAL CODE ANIZATIONAL ID #, if any | COUNTRY |
| 2b. INDIVIDUAL'S LAST N 2b. INDIVIDUAL'S LAST N 2c. MAILING ADDRESS d. TAX ID #: SSN OR EIN D. SECURED PARTY'S 3a. ORGANIZATION'S NA De Lage Lande | ME AME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOF ME OF TOTAL ASSIGNEE OF ASSIGNOF ME OF TOTAL SERVICES, INC | 27. JURISDICTION OF ORGANIZATION R S/P) - insert only one secured party name (3a or 3 | STATE 2g. ORG | POSTAL CODE ANIZATIONAL ID #, if any | COUNTRY |

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR SELLER/BUYE | R AG. LIEN NON-UCCFILING |
|---|--|--|-------------------------------|
| This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum |) in the REAL 7. Check to RE [if applicable] [ADDITIONA | QUEST SEARCH REPORT(S) on Debtor(s) AL FEE) [optional] | All Debtors Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | • | | |
| 0000000MBS860500 | | | 25369006 |

From: RIGHTFAX Page: 3/4 Date: 3/29/2007 1:13:01 PM

MAR.29.2007 8:38AM CONCORDIA MFG.

NO.078 P.7/9

EXHIBIT A

Financed Product - Licensed Software, Services and Hardware Description:

Location of Use: <u>4 Laurel Ava. Coventry.</u> RI 02816

PRODUCT PROVIDER INFORMATION:

Supplier Name; Elue Libon Industries

Street Address: 205 Promenate Street City/State/Zip: Providence, Rt 02005 Prone: 401-976-9000

| Description | Cost |
|---|-----------------|
| Sea stached involce # 9808203 from Blue Moon Industries for (1) page totaling | \$ 155,685,00 |
| To | et 6 155,665.00 |

Berromer's initials: x_______

From: RIGHTFAX

Page: 4/4

Date: 3/29/2007 1:13:02 PM

Invoice No:

9806203

\$0.00

\$0.00 \$155,665.00



295 Promenade Street - Providence, RI 02908 Phone: (401) 276-9000 - Fax: (401) 276-9009 Phone: (401) 828-1100 Fax: (401) 823-8361

Sold To:

Concordia Manufacturing Randy Spencer 4 Laurel Ave. Coventry RI 02816 Ship To:

Concordia Manufacturing Randy Spencer 4 Laurel Ave. Coventry RI 02816

| М | | | 995,464 | Upon Receipt | 3/28/2007 | 1 |
|-----------|------------------------------|---|--------------------|--------------------------|-------------------------|--------------------------|
| 1 | MBSGPENH | LF-L- | | | #04 435 BO | #91 49F/ |
| 1 | MBSGPBRL | Enhancement Plan | and beamagament | | \$21,425.00 | \$21,425.0 \$10,000.0 |
| 1 | MBSGPECM | BRL Transition Fee to Advanced Management | | \$10,000.00 | \$10,000.0 \$3,000.0 | |
| 1 | MBSGPQA | Engineering Change Management (a la carte) Quality Assurance (a la carte) | | \$3,000.00 \$3,000.00 | \$3,000.0 \$3,000.0 | |
| 1 | MBSGPAM-ADDUSERS | Advanced Management - Ad | | 1 | \$6,400.00 | \$6,400.0 |
| 1 | MBSCPRMUT | RM Unapply Tool | Official Osers (2) | | \$750.00 | \$750.0 \$750.0 |
| 1 | CONNHC | Hardware Components | | 1 | \$32,010.00 | \$32,010.i |
| 40.00 | PPDSVC | Prepaid Upgrade Services | | | \$150.00 | \$21,000.4 |
| 52.00 | PPDSVC | SS Prepaid Mfg Services | | | \$165.00 | \$58,080.0 |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | \$155,665.0 |
| nk you fi | or your business, we appreci | ate it! | | | | \$0.0 |