15. INDIVIDUAL'S LAST NAME	Phone:(800) 331	AT FILER Jopti	onal) IX: (818) 662-4141							
P.O. Box 29071 Glendale, CA 91209-9071 RIRI  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  1ia. ORGANIZATION'S NAME GRANDIN LANDSCAPE AND SUPPLY CO., INC.  1b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX  VAO OLD POST RD  CITY CHARLESTOWN RI O2813 CORGANIZATION POSTAL CODE ORGANIZATION POSTAL CODE ORGANIZATION POSTAL CODE ORGANIZATION POSTAL CODE DESTOR CORPORATION RI RI-123601 NC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  STATE POSTAL CODE COUNTRY NR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine names  2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY SEE INSTRUCTIONS POSTAL CODE ORGANIZATION POSTAL CODE ORGANIZATION POSTAL CODE ORGANIZATION POSTAL CODE ORGANIZATION DESTOR POSTAL CODE ORGANIZATION DEST	SEND ACKNOWLEDGEMENT TO	O: (Name and	Address) 11258	CITICA	PITAL CO					
DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names  The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names  Ta ORGANIZATION'S NAME  GRANDIN LANDSCAPE AND SUPPLY CO., INC.  1b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SEE INSTRUCTIONS  ORGANIZATION  ORGANIZATION  ORGANIZATION  ORPORATION  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine names  Ta ORGANIZATION'S NAME  Ta ORGANIZATION'S					ا '3					
DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbreviate or combine names  15 ORGANIZATION'S NAME  GRANDIN LANDSCAPE AND SUPPLY CO., INC.  16 INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  CITY CHARLESTOWN RI Q2813  USA  ADDI INFO RE ORGANIZATION CORPORATION CORPORATION  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - do not abbreviate or combine names  2a ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNTRY NAMILING ADDRESS  CITY STATE POSTAL CODE COUNTRY  SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION CORPORATION CORPORATION PRINTING ADDRESS  CITY STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  NOTICE POSTAL CODE COUNTRY  NOTICE POSTAL CODE COUNTRY  SEE INSTRUCTIONS NAME CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX  NALING ADDRESS CITY TX TSOG3 USA  This FINANCING STATEMENT covers the following collateral:  NALING ADDRESS TO REGENT BLVD 2nd Floor Lein Perfection TX TX TSOG3 USA  TO SEPTIMENT COVERS THE FORMAL CODE TX TX TSOG3 USA  TO SEPTIMENT COVERS THE FORMAL CODE TX TX TSOG3 USA		209-9071	RIR	RI						
Ind. ORGANIZATIONS NAME GRANDIN LANDSCAPE AND SUPPLY CO., INC.  The INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  FIRST NAME  MIDDLE NAME  FIRST NAM	DEBTOR'S EXACT FULL LEG	SAL NAME -	insert only one debtor o	ame (1a	or 1h) - do not :			LING OFFICE USE ONLY		
This individual's last name    First name	1a. ORGANIZATION'S NAME				o. rby - do not	ADDIOVIDED OF CONDING HALL				
CHARLESTOWN RI 02813 USA  SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION CORPORATION CORPORATION RI 15. JURISDICTION OF ORGANIZATION RI 19. ORGANIZATIONAL ID #, if any RI-123601 NC  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE POSTAL CODE  COUNTRY  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3b. INDIVIDUAL'S LAST NAME  SUFFIX  MAILING ADDRESS  CITY  FIRST NAME  MIDDLE NAME  SUFFIX  SUFFIX  TOTAL CODE  COUNTRY  NC  STATE  POSTAL CODE  COUNTRY  NC  STATE  POSTAL CODE  COUNTRY  NC  MILING ADDRESS  CITY  TX  TOGETHER POSTAL CODE  COUNTRY  TX  TX  TX  TX  TX  TX  TX  TX  TX  T	3				FIRST NAME		MIDDLE	NAME	SUFF	ıx
ORGANIZATION DEBTORS CORPORATION RI RI-123601		,				STOWN	1			
2a. ORGANIZATION'S NAME    FIRST NAME	OR	GANIZATION	Į.	IÓN	1f. JURISDICTI					NON
25. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  STATE  POSTAL CODE  COUNTRY  SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  INC  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  TX  TOGORNA  TX  TOGORNA  TX  TOGORNA  TX  TOGORNA  TX  TOGORNA  TX  TOGORNA  TY  TY  TY  TY  TY  TY  TY  TY  TY  T		ACT FULL LE	EGAL NAME - insert only	o <u>ne</u> del	otor name (2a d	or 2b) - do not abbreviate o	combine na	mes		
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS 950 REGENT BLVD 2nd Floor Lein Perfection  This FINANCING STATEMENT covers the following collateral:  BOBCAT LANDSCAPE RAKE 6B S/N 063010130  Together with all present and future attachments, accessories, replacement parts, addition	2b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	NAME	SUFF	iX
ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  DEBTOR  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  TX  TOGETHER TOOLS	MAILING ADDRESS			<del></del>	CITY		STATE	POSTAL CODE	COUN	ITRY
ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS 050 REGENT BLVD 2nd Floor Lein Perfection  CITY IRVING  This FINANCING STATEMENT covers the following collateral:  BOBCAT LANDSCAPE RAKE 6B S/N 063010130  Together with all present and future attachments, accessories, replacement parts, addition	SEE INSTRUCTIONS ADD	D'L INFO RE	2e. TYPE OF ORGANIZAT	ION	2f. JURISDICTIO	ON OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any		
3a. ORGANIZATION'S NAME CITICAPITAL COMMERCIAL CORPORATION  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME SUFFIX  MAILING ADDRESS 950 REGENT BLVD 2nd Floor Lein Perfection This FINANCING STATEMENT covers the following collateral:  BOBCAT LANDSCAPE RAKE 6B S/N 063010130  Together with all present and future attachments, accessories, replacement parts, addition	DEBTOR									NONE
3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS 050 REGENT BLVD 2nd Floor Lein Perfection  CITY IRVING  TX  FIRST NAME  MIDDLE NAME  SUFFIX  COUNTRY USA  TOGETHER FINANCING STATEMENT covers the following collateral:  DESCRIPTION OF THE POSTAL CODE TO STATE POSTAL CODE TO S	3a. ORGANIZATION'S NAME			SIGNOR	S/P) - insert o	nly o <u>ne</u> secured party nam	ne (3a or 3b)			
MAILING ADDRESS 950 REGENT BLVD 2nd Floor Lein Perfection CITY IRVING STATE TX 75063 COUNTRY USA This FINANCING STATEMENT covers the following collateral:  BOBCAT LANDSCAPE RAKE 6B S/N 063010130 Together with all present and future attachments, accessories, replacement parts, addition			CORPORATION		•					
P50 REGENT BLVD 2nd Floor Lein Perfection IRVING TX 75063 USA  This FINANCING STATEMENT covers the following collateral:  DBOBCAT LANDSCAPE RAKE 6B S/N 063010130 Together with all present and future attachments, accessories, replacement parts, addition	36. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	NAME	SUFFI	х
BOBCAT LANDSCAPE RAKE 6B S/N 063010130 Together with all present and future attachments, accessories, replacement parts, addition		d Floor Le	in Perfection							
		vers the following	ng collateral:							···
		vers the following	ng collateral:			***************************************	nts, access	ories, replacement pa	irts, add	ditio