JCC FINANCING	S STATEMI	ENT					
OLLOW INSTRUCTION							
A. NAME & PHONE OF (	CONTACT AT FILE	:R [optional]					
B. SEND ACKNOWLEDG	SMENT TO: (Nan	ne and Address)					
_							
ANCH	OR CAPITAI	L SERVICES, INC.	1				
P.O.	BOX 948						
		06412					
CITI	TON, CT.	06413					
DERTOR'S EXACT E	THE LEGAL NAME	E - insert only <u>one</u> debtor name (1a	ar this do not abbeniate a		SPACE IS FOR	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S N			or 15) - 50 not appreviate o	r compine names			
)R	<del></del>	SHABREKA CORP					
R 15. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
c MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
	1200 MA	IN ST.	WEST WAR	WICK	RI	02893	
d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	16. TYPE OF ORGANIZATION CORP	1f. JURISDICTION OF	ORGANIZATION	1g. ORGA	L NIZATIONAL ID #, if any	
	DEBTOR	L					X <sub>NON</sub>
. ADDITIONAL DEBTO  [2a. ORGANIZATION'S N		LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do	not abbreviate or comb	ine names		
Za. OKOMNIZATIONO N	ANC						
DR 26. INDIVIDUAL'S LAST	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
		TELL					
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID#: SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF	ORGANIZATION	2a OPGA	NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		I					
SECURED PARTY'S		L	S/P) - insert only one secu	red party name (3a or 1	363		NON
3a. ORGANIZATION'S N	AME	OR CAPITAL SERVI		red party name (oa or c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OR CLANDING LACT		OK CALITAL SERVIC					
" 3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
l .					CTATE	DOCTAL CODE	
c. MAILING ADDRESS	P.O. BOX		CLINTON		STATE	POSTAL CODE	COUNTRY

THE FOLLOWING COLLATERAL IS COVERED IN THIS LEASE NUMBER ACS-L-8176 DATED 3/26/2007 INCLUDING ANY AND ALL ACCESSORIES, ADDITIONS, ATTACHMENTS, ACCESSIONS, REPLACEMENTS, REPLACEMENT PARTS NOW OWNED OR HEREAFTER ACQUIRED, PROCEEDS, AND INSURANCE PROCEEDS

COLLATERAL: 2000 JOHN DEERE LOADER BACKHOE MODEL# 310E SN# 888089

NOTE: THIS IS A TRUE LEASE AND IS NOT A SECURITY TRANSACTION

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESS	SOR CONSIGNEE/CONSIGNOR BAILEE/E	BAILOR SELLER/BUYER AG	. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or rec ESTATE RECORDS. Attach Addendum	corded) in the REAL 7. Check to REQUEST SEARC	CH REPORT(S) on Debtor(s) [optional] All Det	btors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			