UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 RIRI				
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071				
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P.O. Box 29071				
DIDI				
DEPTODIC EVACT FULL FOOL MANE insert only one debter one (40 or 4b), do not obbye			LING OFFICE USE ONLY	
I. DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (1a or 1b) - do not abbrev 1a. ORGANIZATION'S NAME A & I Transportation, Inc.	iate or combine name	· •		
1b. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS CITY Wilbur Avenue CITY Woonsocket		STATE RI	POSTAL CODE 02895	COUNTRY USA
ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGAN	OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 121267		NONE	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_debtor name (2a or 2b) - 2a. ORGANIZATION'S NAME	do not abbreviate or	combine na	mes	
2b. INDIVIDUAL'S LAST NAME FIRST NAME		MIDDLE	NAME	SUFFIX
: MAILING ADDRESS CITY		STATE	POSTAL CODE	COUNTRY
1. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF DEBTOR	2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONA		ANIZATIONAL ID #, if any	NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one 3a. ORGANIZATION'S NAME	e_secured party nam	e (3a or 3b)		· · · · · · · · · · · · · · · · · · ·
Apex Capital LP				
3b. INDIVIDUAL'S LAST NAME FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX	
: MAILING ADDRESS 000 Western Place Suite 1000 CITY Fort Worth		STATE TX	POSTAL CODE 76107	COUNTRY
. This FINANCING STATEMENT covers the following collateral:		<u></u>		· · · · · · · · · · · · · · · · · · ·