| CITY STATE POSTAL CODE COUNTY OR DESCRIPTIONS ORGANIZATION CORPORATION OR TOTAL ASSIGNEE of ASSIGNOR SIP) - insert only one_secured perty name (3s or 3b)  SECURED PARTY'S NAME POSTAL CODE ORGANIZATION DESTOR  SECURED PARTY'S NAME 2e. TYPE OF ORGANIZATION OF ORGANIZATION OR ORGANIZATION OR ORGANIZATION OR ORGANIZATION ORGANIZATIO |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
|--|----------------------------|----------------------|---|-------------------|----------------------------------|----------------|-----------------|--------------|---------------------|-------------------|--|
| NAME A PROPOSE COUNTED TREES(ESPORT) Phones(800) 331-3282 Fast. (818) 662-4141  1 SSND ACKNOWLEDGEMENT TO. (Name and Aderess) 16038 BANK OF THE WE  UCC Direct Services 10874505 P.O. Box 29071 Glendale, CA 91209-9071 RIRI  DEETORS EXACT FULL LEGAL NAME - insert only ong_ debtor name (1a or 1b) - do not abbreviate or combine names 15 GREAURIZATION   Inc 15 RORGANIZATION   Inc 15 RORGANIZATION   Inc 15 RORGANIZATION   Inc 16 RORGANIZATION   Inc 17 RORGANIZATION   Inc 18 RORGANIZATION   Inc 19 RORGANIZATION   Inc 19 RORGANIZATION   Inc 19 RORGANIZATION   Inc 19 RORGANIZATION   Inc 10 RORGANIZAT |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
| NAME A SCREEK STATE OF FULL LEGAL NAME - Insert only one deplor name (2a or 2b) - do not abbreviate or combine names  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DESTOR'S EXACT FULL LEGAL NAME - Insert only one deplor name (1a or 1b) - do not abbreviate or combine names  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DESTOR'S EXACT FULL LEGAL NAME - Insert only one deplor name (1a or 1b) - do not abbreviate or combine names  To CREAMEZHOR'S NAME  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DESTOR'S EXACT FULL LEGAL NAME - Insert only one deplor name (1a or 1b) - do not abbreviate or combine names  TO NINDYDIAL'S LAST NAME   NINDYDIAL'S LAST |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
| SEDIFICATION OF THE WE  UCC Direct Services 10874505 P.O. Box 29071 Glendale, CA 91209-9071 RIRI  DEBTORS EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names Tech Transportation, Inc as Lessee and all additional commitments related thereto.  The EMBOURANT TO TECH Tech Tech Transportation, Inc as Lessee and all additional commitments related thereto.  | E & PHONE OF CONTAC        | CT AT FILER (options | al)   |                   |                                  |                |                 |              |                     |                   |  |
| UCC Direct Services 10874505 P.O. Box 29071 Glondale, CA 91209-9071 RIRI    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   TH |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
| P.O. Box 29071 Glendale, CA 91209-9071 RIRI    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   DEBTORS EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names   Tach Transportation, Inc   The National Control of the Name   Inc.   The Control of the Nam | O ACKNOWLEDGEMENT          | 「TO: (Name and Ad    | <sup>1dress)</sup> 16038  | BANK C            | F THE WE                         |                |                 |              |                     |                   |  |
| Gendale, CA 91209-9071    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   THE ABOVE SPACE IS THE POSTAL CODE ONLY   THE ABOVE SPACE IS THE POSTAL CODE ONLY   THE ABOVE SPACE  | UCC Direct Ser             | rvices               | 108   | 37450             | 5                                |                |                 |              |                     |                   |  |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DESTORS EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names  Tach Transportation, Inc  1b. NOVIDUAL'S LAST NAME  MALEN ADDRESS  ACOL INFO RE  DESANDATION  CORPORATION  CORPORATION  CORPORATION  DESION  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one_ debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION SHAME  DE INDIVIDUAL'S LAST NAME  FIRST NAME  INDIVIDUAL'S LAST NAME  INDIVIDUAL ASSIGNEE OF ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNEE OF ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNEE OF ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNEE OF ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNEE OF ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNEE OF ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNOR SUP) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (in NAME of TOTAL ASSIGNOR SUP) - insert on | P.O. Box 29071             | 1                    | 5.15  |                   |                                  |                |                 |              |                     |                   |  |
| DEBTOR'S EXACT FULL LEGAL NAME insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names  "Tech Transportation, inc  to Individual's LAST NAME    FIRST NAME   MIDDLE NAME   SUFI   STATE   POSTAL CODE   COUNTY   CORPORATION   CORPORATION   TI. JURISDICTION OF ORGANIZATION   TO A413     ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one_ debtor name (2a or 2b) - do not abbreviate or combine names    2a. ORGANIZATION SAME   FIRST NAME   MIDDLE NAME   SUFI   2a. ORGANIZATION SAME   FIRST NAME   MIDDLE NAME   SUFI   2b. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFI   CITY   STATE   POSTAL CODE   COUNTY     COUNTY   STATE   MIDDLE NAME   SUFI     COUNTY   STATE   POSTAL CODE   COUNTY     COUNTY   STATE   MIDDLE NAME   SUFI     COUNTY   STATE   MIDLE NAME   SUFI     COUNTY   STATE   MIDLE NAME   SUFI     COUNTY   STATE   M | Glendale, CA 9<br>I        | 1209-9071            | RIF   | ΚI                | ,                                |                |                 |              |                     |                   |  |
| DESTORS EXACT FULL LEGAL NAME - insert only one_ debtor name (1a or 1b) - do not abbreviate or combine names  To GRGANIZATIONS NAME  The Transportation, Inc  Ib. NOIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  SUFI  CORPORATION  Tr. JURISDICTION OF ORGANIZATION  DESTOR  RI  TO 2861  TO 2861  US  SEE INSTRUCTIONS  ADDT. IN-O RE  TO REALIZATION  DESTOR  CORPORATION  Tr. JURISDICTION OF ORGANIZATION  RI  TO 34313  ADDTINO RE  TO 34313  ADDTINO RE  TO 34313  TO 34313  ADDTINO RE  TO 34313  TO 34313  TO 34313  TO 34313  ADDTINO RE  TO 34313  TO 34313 |                            |                      |   |                   | ᆜ                                |                |                 |              |                     |                   |  |
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| TO INDIVIDUAL'S LAST NAME    FIRST NAME   MIDDLE NAME   SUFFICIONS   ADDITIONAL DRIP of PORGANIZATION   11. JURISDICTION OF ORGANIZATION   12. ORGANIZATIONAL ID #, # any TO INTO INTO INTO INTO INTO INTO INTO I  | ORGANIZATION'S NAMI        | IE .                 | sert only o <u>ne</u> debtor r  | name (1a c        | or 1b) - do not a                | bbreviate or o | combine name    | <u> </u>     |                     |                   |  |
| Industrial Control C   | ·                          |                      | 801 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 |                   | <b>.</b>                         |                |                 |              |                     |                   |  |
| Pawtucket   RI   02861   US  | 1b. INDIVIDUAL'S LAST NAME |                      |   |                   | FIRST NAME                       |                |                 | MIDDLE NAME  |                     | SUFFIX            |  |
| DESTOR   CORPORATION   CORPORATION   RI   73413  |                            |                      |   |                   |                                  |                |                 |              |                     | COUNTRY USA       |  |
| 28. INDIVIDUAL'S LAST NAME    FIRST NAME   | ORGANIZATION CORPORATION   |                      |   | FION              |                                  |                |                 |              |                     |                   |  |
| 22. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFILIAR SUPERIOR OF THE POSTAL CODE   COUNTY   STATE   POSTAL CODE   COUNTY   C |                            |                      | AL NAME - insert only   | y o <u>ne</u> dek | otor name (2a o                  | - 2b) - do not | abbreviate or o | combine na   | mes                 |                   |  |
| BALLING ADDRESS  CITY  STATE POSTAL CODE  COU  SEE INSTRUCTIONS  ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3e or 3b)  3a. ORGANIZATION'S NAME  Bank of the West  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  FIRST NAME  MIDDLE NAME  SUFI  MAILING ADDRESS  IT N. Civic Dr. Suite 360B  Walnut Creek  CA  94596  CUS  This Financing STATEMENT covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and placements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundings or and Tech Transportation, Inc as Lessee and all additional commitments related thereto.  LITERNATIVE DESIGNATION [If applicable]  LESSEBLESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN NON-VU  |                            | _                    |   |                   |                                  |                |                 |              |                     |                   |  |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one_ secured party name (3a or 3b)  Sa ORGANIZATION'S NAME  Bank of the West  3b INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFI  MAILING ADDRESS  OT N. Civic Dr. Suite 360B  CITY  Walnut Creek  CA  94596  US  This FINANCING STATEMENT covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and placements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundir ssor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.   | INDIVIDUAL'S LAST NAI      | ME                   |   |                   | FIRST NAME                       |                |                 | MIDDLE       | NAME                | SUFFIX            |  |
| DRADIZATION 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  Bank of the West  3b. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFI  MAILING ADDRESS   CITY   STATE   POSTAL CODE   COU    MAILING ADDRESS   CITY   STATE   POSTAL CODE   COU    MAILING STATEMENT covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and placements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Funding soor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.  | MAILING ADDRESS            |                      |   |                   | CITY                             |                |                 | STATE        | POSTAL CODE         | COUNTRY           |  |
| Bank of the West  3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFI  MAILING ADDRESS IN N. Civic Dr. Suite 360B  CITY Walnut Creek  CA 94596  US  POSTAL CODE CA 94596  US  Pris Financing Statement covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and placements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundir ssor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.   | ORGANIZATION               |                      |   | TION              | 2f. JURISDICTION OF ORGANIZATION |                | Пи              |              | NONE                |                   |  |
| 3b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  SUFI  MAILING ADDRESS  IT N. Civic Dr. Suite 360B  CA 94596  US  This FINANCING STATEMENT covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto an oblacements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundingsor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.   |                            |                      | TAL ASSIGNEE of A   | SSIGNOR           | S/P) - insert or                 | ly one_secu    | red party name  | e (3a or 3b) |                     |                   |  |
| ANLING ADDRESS  MAILING ADDRESS  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  STATE  POSTAL CODE  COU  US  This Financing Statement covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and collacements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundir ssor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.  | ank of the West            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
| Mainut Creek  CA 94596  US  This FINANCING STATEMENT covers the following collateral:  equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and placements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundingsor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.  |                            |                      |   |                   | FIRST NAME                       |                |                 | MIDDLE NAME  |                     | SUFFIX            |  |
| equipment, general intangibles, including software and related licenses and rights, training and all modifications and attachments thereto and colacements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundingsor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.  **ALTERNATIVE DESIGNATION [if applicable]** LESSEE/LESSOR** CONSIGNEE/CONSIGNOR** BAILEE/BAILOR** SELLER/BUYER** AG. LIEN** NON-U   |                            |                      |   |                   |                                  |                |                 |              |                     | COUNTRY           |  |
| olacements therefore now and hereafter covered by the Equipment Lease Agreement dated as of March 27, 2007 between Nationwide Fundir ssor and Tech Transportation, Inc as Lessee and all additional commitments related thereto.  **ALTERNATIVE DESIGNATION [if applicable]** LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-Lieuwand Non-Lieuwan (Non-Lieuwan) ( | NANCING STATEMENT          | covers the following | collateral:   |                   |                                  |                |                 |              | <u> </u>            |                   |  |
|  | ements therefore no        | ow and hereafte      | r covered by the E  | quipment          | t Lease Agree                    | ement dated    | as of March     |              |                     |                   |  |
|  |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
|  |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
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|  |                            |                      |   |                   |                                  |                |                 |              |                     |                   |  |
|  | NATIVE DESIGNATION         | [if applicable]      | ESSEE/LESSOR  | CONSIGN           | EE/CONSIGNOR                     | BAILEE         | BAILOR          | SELLER/BU    | YER AG. LIEN        | NON-UCC FILING    |  |
| This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL  7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)  All Debtors Debtor 1  [ADDITIONAL FEE]  [ADDITIONAL FEE]  |                            |                      |   |                   |                                  |                |                 |              | All Debtors         | Debtor 1 Debtor 2 |  |
| OPTIONAL FILER REFERENCE DATA         Sue Uemura         070-0814445-001   | ONAL FILER REFERE          | ENCE DATA            |   |                   |                                  |                |                 |              |                     |                   |  |

| -     | IAME OF FIRST DEBTOR (1a or 1b)  | ON RELATED FINANCING STA        | TEMENT   |                                       |                           |                   |  |
|-------|--|---------------------------------|--|---------------------------------------|---------------------------|-------------------|--|
| - 1   | 9a. ORGANIZATION'S NAME Tech Transportation, Inc                                     |                                 |  |                                       |                           |                   |  |
| R.    | 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME                      | MIDDLE NAME, SUFFIX  |                                       |                           |                   |  |
| ). (  | MISCELLANEOUS  |                                 |  |                                       |                           |                   |  |
| 08    | 874505-RI-0  |                                 |  |                                       |                           |                   |  |
| 60    | 38 BANK OF THE WE  |                                 |  |                                       |                           |                   |  |
| ue    | e Uemura   |                                 |  |                                       |                           |                   |  |
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| ıle   | with: Rhode Island   |                                 | THE AR   | IONE SDACE IS E                       | OR FILING OFFICE US       | E ONLY            |  |
| 1. /  | ADDITIONAL DEBTOR'S EXACT FU   | LL LEGAL NAME - insert only on  | e_name (11a or 11b) - do not abbreviate or   |                                       |                           | E UNLY            |  |
|       | 11a. ORGANIZATION'S NAME   |                                 |  |                                       | ·                         | <del>,.</del>     |  |
| R     | 11b. INDIVIDUAL'S LAST NAME  |                                 | LEIDOT MANUE   | 1                                     |                           |                   |  |
|       | 176. MONDOALS LAST NAME  |                                 | FIRST NAME   | MIDDLE                                | ENAME                     | SUFFIX            |  |
| C.    | MAILING ADDRESS  |                                 | CITY   | STATE                                 | POSTAL CODE               | COUNTRY           |  |
| ld.   | SEE INSTRUCTION ADD'L INFO F   |                                 | 11f. JURISDICTION OF ORGANIZATION  | 11g, O                                | <br>RGANIZATIONAL ID #, i | f any             |  |
|       | ORGANIZATI<br>DEBTOR   | ON                              |  |                                       | Пио                       |                   |  |
|       | ADDITIONAL SECURED PART  | Y'S or X ASSIGNOR S/P's         | NAME - insert only one name (12a or 12b  | · · · · · · · · · · · · · · · · · · · |                           |                   |  |
| ĺ     | 12a. ORGANIZATION'S NAME   | <u>, o se</u>                   | TO THE PROPERTY OF THE PROPERT | )                                     |                           |                   |  |
| Į.    | NATIONWIDE FUNDING   |                                 |  |                                       |                           |                   |  |
|       | 12b. INDIVIDUAL'S LAST NAME  |                                 | FIRST NAME   | MIDDLE                                | NAME                      | SUFFIX            |  |
| 2c.   | MAILING ADDRESS  |                                 | CITY   | STATE                                 | POSTAL CODE               | COLINTON          |  |
|       | 5520 TRABUCO RD  |                                 | IRVINE   | CA                                    | 92620                     | COUNTRY           |  |
| 3. TI | his FINANCING STATEMENT covers   | timber to be cut or as-extracte |  |                                       | 02020                     |                   |  |
|       | collateral or is filed as a fixture filing.  |                                 | 10. Additional collateral description.   |                                       |                           |                   |  |
| . D.  | secription of real estate:   |                                 |  |                                       |                           |                   |  |
| ,. D  | escription of real estate:   |                                 |  |                                       |                           |                   |  |
|       |  |                                 |  |                                       |                           |                   |  |
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|       |  |                                 |  |                                       |                           |                   |  |
| . Na  | ame and address of a RECORD OWNER o  | f above-described real estate   |  |                                       |                           |                   |  |
| . Na  | ame and address of a RECORD OWNER of<br>(if Debtor does not have a record interest): | f above-described real estate   |  |                                       |                           |                   |  |
| . Na  | ame and address of a RECORD OWNER or<br>lif Debtor does not have a record interest): | f above-described real estate   | 17. Check only if applicable and check only of   |                                       |                           |                   |  |
| . Na  | ame and address of a RECORD OWNER o<br>(if Debtor does not have a record interest):  | f above-described real estate   | Debtor is a Trust or Trustee acting w  | with respect to prop                  | verty held in trust or    | Decedeni's Estate |  |
| . Na  | ame and address of a RECORD OWNER of lift Debtor does not have a record interest):   | f above-described real estate   | Debtor is a Trust or Trustee acting w  | with respect to prop                  | verty held in trust or    | Decedent's Estate |  |
| . Na  | ame and address of a RECORD OWNER o<br>(if Debtor does not have a record interest):  | f above-described real estate   | Debtor is a Trust or Trustee acting w  | vith respect to prop                  |                           | Decedeni's Estate |  |