

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                            |                      |
|--------------------------------------------------------------------------------------------|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone:(800) 331-3282 Fax: (818) 662-4141 |                      |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 711861 KEYSTONE EQUI                        |                      |
| UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071                           | 10920653<br><br>RIRI |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                                       |  |                                   |                          |                                                                  |
|---------------------------------------|--|-----------------------------------|--------------------------|------------------------------------------------------------------|
| 1a. ORGANIZATION'S NAME               |  |                                   |                          |                                                                  |
| OR                                    |  |                                   |                          |                                                                  |
| 1b. INDIVIDUAL'S LAST NAME<br>Moretti |  | FIRST NAME<br>Jaime               | MIDDLE NAME              | SUFFIX                                                           |
| 1c. MAILING ADDRESS<br>75 Fawns Run   |  | CITY<br>North Kingstown           | STATE<br>RI              | POSTAL CODE<br>02852-4234                                        |
| 1d. SEE INSTRUCTIONS                  |  | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION                                 |
|                                       |  |                                   |                          | 1g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |

2. 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    |  |                                   |                          |                                                                  |
| OR                         |  |                                   |                          |                                                                  |
| 2b. INDIVIDUAL'S LAST NAME |  | FIRST NAME                        | MIDDLE NAME              | SUFFIX                                                           |
| 2c. MAILING ADDRESS        |  | CITY                              | STATE                    | POSTAL CODE                                                      |
| 2d. SEE INSTRUCTIONS       |  | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION                                 |
|                            |  |                                   |                          | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |

3. 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<br>Keystone Equipment Finance Corp. |  |                       |             |                           |
| OR                                                          |  |                       |             |                           |
| 3b. INDIVIDUAL'S LAST NAME                                  |  | FIRST NAME            | MIDDLE NAME | SUFFIX                    |
| 3c. MAILING ADDRESS<br>433 New Park Avenue                  |  | CITY<br>West Hartford | STATE<br>CT | POSTAL CODE<br>06110-1141 |
|                                                             |  |                       |             | COUNTRY<br>USA            |

4. This FINANCING STATEMENT covers the following collateral:

Debtor's equipment is pledged as collateral for Security Agreement dated: 4/12/07 1999 Komatsu PC228LC Excavator , 2148 Hours, 4 Cylinder Engine, with a 2007 Excel Hydraulic Hammer & Bucket sn # 10007

|                                                                                                                                                            |  |                                                              |                                              |                                                                                                          |                                       |                                   |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------|
| 5. ALTERNATIVE DESIGNATION (if applicable)                                                                                                                 |  | <input type="checkbox"/> LESSEE/LESSOR                       | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR                                                                   | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) |  | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) |                                              | <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |                                       |                                   |                                         |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                           |  | 10920653                                                     |                                              | Site Management Services                                                                                 |                                       | STMNG01NOT                        |                                         |