GE COMM P.O. BOX S HOFFMAN	S (front and back) CAREFULLY CONTACT AT FILER (optional) / 888-899-6893, EXT. 6855 SMENT TO: (Name and Address)  ERCIAL DISTRIBUTION FINANCE 957408 I ESTATES, IL 60195-7408 NNIE OLSEN				
			ACE IS FO	R FILING OFFICE USE (	ONLY
DEBTOR'S EXACT F	FULL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
PRECISION	SAW AND MOWER SERVICE INC		MIDDLE	NAME.	Isuffix
R 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	VAME	36711
L MAILING ADDRESS 674 WARWICK AVE		WARWICK	RI	POSTAL CODE 02888	COUNTRY
TAX ID #: SSN OR EIN	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION CORPORATION DEBTOR	1f. JURISDICTION OF ORGANIZATION RHODE ISLAND	1g. ORGANIZATIONAL ID #, if any 59957		Non
	OR'S EXACT FULL LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or combine	names		
2a. ORGANIZATION'S I	NAME				
2b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
, IVALENTO ADDITECTO					
TAX ID #: SSN OR EIN   ADD'L INFO RE   26. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR		2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		
			)		
	'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (3a or 3b			
3a ORGANIZATION'S	'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR				
3a ORGANIZATION'S	'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR NAME RCIAL DISTRIBUTION FINANCE C		MIDDLÉ	NAME	SUFFIX
3a. ORGANIZATION'S GE COMMER	'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR NAME RCIAL DISTRIBUTION FINANCE C	FIRST NAME	MIDDLE	POSTAL CODE	SUFFIX
R 3b. INDIVIDUAL'S LAS :: MAILING ADDRESS P. O. BOX 9574	'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR NAME RCIAL DISTRIBUTION FINANCE C	FIRST NAME	MIDDLE		