

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) 9707 CITIZENS LEASIN UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 11294204 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 Inland Waters, Inc.						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 275 Scituate Avenue			CITY Johnston	STATE RI	POSTAL CODE 02919	COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any 102046		☐ 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	COUNTRY
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		☐ 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 RBS Asset Finance, Inc.						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS One Citizens Plaza			CITY Providence	STATE RI	POSTAL CODE 02903	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

The Equipment, wherever located, now or hereafter acquired by Debtor which is specifically identified on Schedule A attached hereto and made a part hereof, together with all accessories, additions, accessions, alterations, attachments, parts and repairs now or hereafter affixed thereto or used in connection therewith, and all related software, embedded therein or otherwise, and substitutions and replacements thereof or of any part thereof, and to the extent not listed above as original collateral, proceeds and products of the foregoing, including the proceeds of all insurance policies with respect to the Equipment, in all cases whether now existing or hereafter arising.

5. ALTERNATIVE DESIGNATION [if applicable]		☐ LESSEE/LESSOR	☐ CONSIGNEE/CONSIGNOR	☐ BAILEE/BAILOR	☐ SELLER/BUYER	☐ AG. LIEN	☐ NON-UCC FILING
6. ☐ 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]		☐ All Debtors ☐ Debtor 1 ☐ Debtor 2			
8. OPTIONAL FILER REFERENCE DATA							
11294204		direct		2829-2-TC			



SCHEDULE A EQUIPMENT

SECURED PARTY: RBS Asset Finance, Inc.

DEBTOR: Inland Waters, Inc.

This Schedule A of Equipment is attached to and made a part of: Note No. 2 and all related documents.

<u>Equipment Description</u>				<u>Equipment Location</u>			
<u>Qty</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Equipment Description</u>	<u>Serial Number</u>	<u>Street</u>	<u>City</u> <u>State</u> <u>Zip</u>
1			2115-1024	Vactor	02-03V-8122	275 Scituate Avenue	Johnston RI 02919

SECURED PARTY: RBS Asset Finance, Inc.

DEBTOR: Inland Waters, Inc.

By: _____
Name: _____
Title: _____

By: _____
Name: _____
Title: _____