UCC FINANC FOLLOW INSTRUCT	TIONS (front and	back) CAREFULLY					
A. NAME & PHONE OF C	O 800-433-7	098					
B. SEND ACKNOWLEDG	MENT TO: [Name a						
MATCO 1 4403 ALL STOW O	EN RD						
L				THE ABOVE SPA	CE IS FOR I	FILING OFFICE US	SE ONLY
1. DEBTOR'S EXACT P	FULL LEGAL NAME NAME	- insert only one debtor name (1a or	1b) - do not abbreviati	or combine names		· · · · ·	
1b. INDIVIDUAL'S LAS	1b. INDIVIDUAL'S LAST NAME			FIRST NAME ROBERT		MIDDLE NAME	
1c. MAILING ADDRESS 54 RACCOON HILL RD			W GREENWICH		STATE	POSTAL CODE 02817	COUNTRY
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1	f, JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any	
2. ADDITIONAL DEBTO	DR'S EXACT FULL L	EGAL NAME: - insert only one di	ebtor name (2a or 2b)	- do not abbreviate or combine	e names		
OR			,				
2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	OT REQUIRED IN ORGANIZATION		2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #. If any		
3. SECURED PARTY'S	NAME: (or NAME of T	OTAL ASSIGNEE of ASSIGNOR S/P	) - insert only one seci	ured party name (3a or 3b)			
1	D/B/A MATCC	TOOLS					
3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
4403 ALLEN R 4. This FINANCING STATEM		collatoral	STOW		OH	44224	USA
ALL TOOLS AN TOGETHER W	ND EQUIPMEN ITH ANY AND	NT NOW OWNED BY ALL SIMILAR TOOL	/ DEBTOR F LS AND EQU	FOR USE IN DEE JIPMENT HERE	BTOR'S T	RADE OR BUS CQUIRED.	SINESS
5. ALTERNATIVE DESI	BALLEE/BAILOR SELLER/BUYER AG.LIEN NON-UCC FILING						
6. This FINANCING STATESTATE RECORDS.	TEMENT is to be filed [for Attach Addendum [if a		7. TO REQUEST A SEARCH REPORT, FILE A UCC11				
8. OPTIONAL FILER RI N021000818	EFERENCE DATA:	·					