B. SEND ACKNOWLEDGMENT TO: (N					
	lame and Address)				
	,				
		1			
UniBank fo 49 Church	r Savings				
Whitinsvil	le, MA 01588				
	, 121 01388				
1 DEPTODIS SULL					
DEBTOR'S EXACT FULL LEGAL NAM 1a. ORGANIZATION'S NAME	ME - insert only <u>one</u> debtor name (1a	a or 1b) - do not abbreviate or combine names	SPACE IS	FOR FILING OFFICE	USE ONLY
1b. INDIVIDUAL'S LAST NAME Pichette		FIRST NAME	Milita	LE NAME	
1c. MAILING ADDRESS		Matthew	S		SUFFIX
48 Island View Drive		Tivereton	STAT	E POSTAL CODE	COUNTR
ORGANIZATION	16. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	R 10 05	C 02878 RGANIZATIONAL ID#, if a	USA
2. ADDITIONAL DEBTOR'S EXACT FULL	LECAL MANGE		1.g. 9	COANIZATIONAL ID #, if a	·
2. ADDITIONAL DEBTOR'S EXACT FULL 2a. ORGANIZATION'S NAME	LEGAL NAME - Insert only one di	ebtor name (2a or 2b) - do not abbreviate or comb	ine names		
OR 2b. INDIVIDUAL'S LAST NAME			-		
TO BIO, MAINE		FIRST NAME	MIDDL	E NAME	SUFFIX
			INITODE		
2c. MAILING ADDRESS		CITY	WIIDOE		SUPPLY
		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	CITY 21. JURISDICTION OF ORGANIZATION	STATE		COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION	STATE 2g. OR	POSTAL CODE	COUNTRY
Pd. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME		2f. JURISDICTION OF ORGANIZATION	STATE 2g. OR		COUNTRY
2d. TAX ID #: SSN OR EIN	TOTAL ASSIGNEE of ASSIGNOR S	2f. JURISDICTION OF ORGANIZATION	STATE 2g. OR		COUNTRY
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME UniBank for Savings 3b. INDIVIDUAL'S LAST NAME	TOTAL ASSIGNEE of ASSIGNOR S	2f. JURISDICTION OF ORGANIZATION	STATE 2g. OR	GANIZATIONAL ID#. if an	COUNTRY
3a. ORGANIZATION'S NAME (or NAME of UniBank for Savings 3b. INDIVIDUAL'S LAST NAME	TOTAL ASSIGNEE of ASSIGNOR S	2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	SANIZATIONAL ID #, if an	COUNTRY
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME UniBank for Savings 3b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 4.9 Church Street	TOTAL ASSIGNEE of ASSIGNOR S	2f. JURISDICTION OF ORGANIZATION SP) - insert only one secured party name (3a or 3b) FIRST NAME	STATE 2g. ORG	SANIZATIONAL ID #, if an	COUNTRY
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME UniBank for Savings 3b. INDIVIDUAL'S LAST NAME	TOTAL ASSIGNEE of ASSIGNOR S	2f. JURISDICTION OF ORGANIZATION SP) - insert only one secured party name (3a or 3b) FIRST NAME	STATE 2g. ORG	SANIZATIONAL ID #, if an	COUNTRY
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR S. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME UniBank for Savings 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 49 Church Street This FINANCING STATEMENT covers the following 2006 Ocean 4255	TOTAL ASSIGNEE of ASSIGNOR S	21. JURISDICTION OF ORGANIZATION Properties of the secured party name (3a or 3b) FIRST NAME CITY Whitinsville	STATE 2g. ORG MIDDLE STATE MA	SANIZATIONAL ID #, if an	COUNTRY
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME UniBank for Savings 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 49 Church Street This FINANCING STATEMENT covers the following 2006 Ocean 42SS, 2006 Caterpillar	g colleteral: 42' boat, Hull 575 HP engines,	2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG MIDDLE STATE MA	SANIZATIONAL ID #, if an	COUNTRY
2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR S. SECURED PARTY'S NAME (or NAME of 3a. ORGANIZATION'S NAME UniBank for Savings 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 49 Church Street This FINANCING STATEMENT covers the following 2006 Ocean 4255	g colleteral: 42' boat, Hull 575 HP engines,	2f. JURISDICTION OF ORGANIZATION	STATE 2g. ORG MIDDLE STATE MA	SANIZATIONAL ID #, if an	COUNTRY