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Phone:(800) 3	31-3282 Fax	x: (818) 66	2-4141						
. SEND ACKNOWLEDGEMEN	IT TO: (Name and /	Address)	10689 IBM C	REDIT LLC					
UCC Direct Services 1152888				80]				
P.O. Box 2907			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Glendale, CA	91209-9071		RIRI						
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					THE ABOV	E SPACE IS FOR F	LING OFFICE USE ON	LY	
DEBTOR'S EXACT FULL	LEGAL NAME -	insert only on	e_debtor name (1	a or 1b) - do no	t abbreviate or combine	e names			
1a. ORGANIZATION'S NA CITIZENS BANK	ME								
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c. MAILING ADDRESS			PROVID	ENCE	RI	POSTAL CODE 02903	USA		
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d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION OTHER			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RI	1695	16954			
. ADDITIONAL DEBTOR'S	DEBTOR EXACT FULL LE	GAL NAME	insert only o <u>ne</u>	debtor name (2	a or 2b) - do not abbrev	iate or combine n	ames		
2a. ORGANIZATION'S NA					- ·				
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. SECURED PARTY'S NA	DEBTOR ME (or NAME of	TOTAL ASSI	GNEE of ASSIGN	OR S/P) - inser	t only one_secured pa	rty name (3a or 3l	o)		
38. ORGANIZATION'S NA IBM CREDIT LLC	ME								
OR			FIRST NAME	FIRST NAME		MIDDLE NAME			
3b. INDIVIDUAL'S LAST NAME									
3c. MAILING ADDRESS 1 NORTH CASTLE DRIVE				CITY ARMON	IK	STATE	POSTAL CODE 10504	USA	
. This FINANCING STATEME									
all of the following equip escribed on IBM Credi	ment together	with all rela	ited software, w	hether now o	wned or hereafter a 7311 9116 9992 9	cquired and wh SSR 9994 All a	erever located (all additions, attachm	ents, accessories	
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5. ALTERNATIVE DESIGNATION [if applicable] X	FSSEE/LESSOR CONSIGNEE/C	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed in	or record) (or recorded) in the REAL	7. Check to REQUEST SEARCH REPORT	(S) on Debtor(s)	All Debtors De	ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	lif apolicable	[ADDITIONAL FEE]	TOVIO I SIL		
11528880	CPD00D74707	173387	-		Condines P.O. Box 290