

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>RACHEL SIMPSON 615-315-6478                                                |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>FORD MOTOR CREDIT COMPANY<br>PO BOX 680020 MD 610<br>FRANKLIN, TN 37068 |  |

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                 |                                   |                          |                                  |                                 |
| OR                                      |                                   |                          |                                  |                                 |
| 1b. INDIVIDUAL'S LAST NAME<br>BERGEMANN |                                   | FIRST NAME<br>CHERYL     | MIDDLE NAME                      | SUFFIX                          |
| 1c. MAILING ADDRESS<br>243 TARKLIN      |                                   | CITY<br>CHEPACHET        | STATE<br>RI                      | POSTAL CODE<br>02814            |
|                                         |                                   |                          | COUNTRY<br>USA                   |                                 |
| 1d. <u>SEE INSTRUCTIONS</u>             | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |
|                                         |                                   |                          |                                  | <input type="checkbox"/> 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. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |
|                             |                                   |                          |                                  | <input type="checkbox"/> 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<br>FORD MOTOR CREDIT COMPANY LLC |  |                  |                |                      |
| OR                                                       |  |                  |                |                      |
| 3b. INDIVIDUAL'S LAST NAME                               |  | FIRST NAME       | MIDDLE NAME    | SUFFIX               |
| 3c. MAILING ADDRESS<br>PO BOX 680020 MD 610              |  | CITY<br>FRANKLIN | STATE<br>TN    | POSTAL CODE<br>37068 |
|                                                          |  |                  | COUNTRY<br>USA |                      |

4. This FINANCING STATEMENT covers the following collateral:

CONTRACT DATE 05/31/07 VIN #1FTSS34L07DA75776 WAG'N TAILS STANDARD PKG; 2ND THREE SPEED OVERHEAD VENT/DELUXE VENT COVER; ANTI FREEZE SYSTEM.

|                                                                                                                                   |                                                                               |                     |                                                                                                          |              |          |                |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------|--------------|----------|----------------|
| 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) [ADDITIONAL FEE] [optional] |                     | All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> |              |          |                |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                  |                                                                               |                     |                                                                                                          |              |          |                |

CHERYL BERGEMANN - UPFITTER