

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	11541032 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 LFI, Inc.						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 7 Industrial Drive South			CITY Smithfield	STATE RI	POSTAL CODE 02917	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 136110		☐ 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 189 CANAL ST., 1ST FLOOR			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)		☐ All Debtors	☐ Debtor 1	☐ Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

11541032

DIRECT 2758-001 TD

LFI, Inc. 2758 TD

SECURED PARTY: **RBS ASSET FINANCE, INC.**

DEBTOR: LFI, Inc.

This Schedule A of Equipment is attached to and made a part of:

Individual Leasing Record No. 1 and all related documents.

Qty	Year	Make	Model	Equipment Description	Serial Number	Equipment Location			
				Equipment Description		Street	City	State	Zip
1				Workstation - Axis XYZU Positioning System		One Industrial Drive S	Smithfield	RI	02917

Above equipment distributed by: Axis New England

1				Lathe					
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Above equipment distributed by: Citizen Machinery American Inc.

1				JK System					
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Above equipment distributed by: GSI Group Corp.

SECURED PARTY:

RBS ASSET FINANCE, INC.

By: _____
Name: _____
Title: _____

DEBTOR:

LFI, Inc.

By: _____
Name: _____
Title: _____