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Phone:(800) 331	AT FILER (optio	ack) CAREFULLY					
SEND ACKNOWLEDGEMENT T	1-3282 Fax	nal] k: (818) 662-4141					
	O: (Name and A	Address) 12834 SNAP	ON CREDIT				
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UCC Direct Serv	UCC Direct Services 1153753						
P.O. Box 29071		RIRI	Ì				
Glendale, CA 91: I	209-9071	IXIIXI	1				
		debter some //	o or 1b) do not abbreviate			ING OFFICE USE ONLY	
DEBTOR'S EXACT FULL LE 1a. ORGANIZATION'S NAME		nsert only o <u>ne</u> debtor name (1	a or 10) - do not appreviate	Of COMBINE Harries			<del></del>
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16. INDIVIDUAL'S LAST NAMI			FIRST NAME RAMON		MIDDLE NAME		SUFFIX
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OF	ADD'L INFO RE ORGANIZATION DEBTOR		1f. JURISDICTION OF ORGANIZATION		1g. ORG	ANIZATIONAL ID#, if any	nc
		GAL NAME - insert only one_c	debtor name (2a or 2b) - do	not abbreviate or o	combine na	nes	
2a. ORGANIZATION'S NAME							
2b. INDIVIDUAL'S LAST NAM	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS	All ING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
				2g. ORGANIZATIONAL ID #, if an			
O	EE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION				
SECURED PARTY'S NAME	(or NAME of 1	TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one	secured party nam	e (3a or 3b)		
3a. ÖRĞANIZATION'S NAME SNAP ON CREDIT	i.						
3b. INDIVIDUAL'S LAST NAM	, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
50 TECHNOLOGY WA	Y, SUITE	301	LIBERTYVILLE		IL	60048	USA
This FINANCING STATEMENT C	covers the followi	ng collateral:					