

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Phone: (800) 331-3282 Fax: (818) 662-4141                                                                            |  |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br>10689 IBM CREDIT LLC<br><br>UCC Direct Services<br>P.O. Box 29071<br>Glendale, CA 91209-9071<br><br>11560409<br>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<br>EV GROUP, INC.       |                                   |                                         |                                        |                                           |                      |                               |
| OR                                              | 1b. INDIVIDUAL'S LAST NAME        |                                         | FIRST NAME                             | MIDDLE NAME                               | SUFFIX               |                               |
| 1c. MAILING ADDRESS<br>7700 SOUTH RIVER PARKWAY |                                   |                                         | CITY<br>TEMPE                          | STATE<br>AZ                               | POSTAL CODE<br>85284 | COUNTRY<br>USA                |
| 1d. SEE INSTRUCTIONS                            | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>CORPORATION | 1f. JURISDICTION OF ORGANIZATION<br>RI | 1g. ORGANIZATIONAL ID #, if any<br>114317 |                      | <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. SEE INSTRUCTIONS    | 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>IBM CREDIT LLC   |                            |  |                |             |                      |                |
| OR                                          | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME     | MIDDLE NAME | SUFFIX               |                |
| 3c. MAILING ADDRESS<br>1 NORTH CASTLE DRIVE |                            |  | CITY<br>ARMONK | STATE<br>NY | POSTAL CODE<br>10504 | COUNTRY<br>USA |

4. This FINANCING STATEMENT covers the following collateral:

All of the following equipment together with all related software, whether now owned or hereafter acquired and wherever located (all as more fully described on IBM Credit LLC Supplement(s) # D83111): IBM Equipment Type 2613 8807 999E All additions, attachments, accessories, accessions and upgrades thereto and any and all substitutions, replacements or exchanges for any such item of equipment or software and any and all proceeds of any of the foregoing, including, without limitations, payments under insurance or any indemnity or warranty relating to loss or damage to such equipment and software. IBM Credit LLC files this notice as a precautionary filing. See UCC 9-505. (07/06/07) UCC Log Number: CPVP0D83111 2879208

|                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. ALTERNATIVE DESIGNATION (if applicable) <input checked="" type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING |  |                                                                                                                                                                       |  |
| 6. <input type="checkbox"/> 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) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 (optional) |  |
| 8. OPTIONAL FILER REFERENCE DATA<br>11560409                                                                                                                                                                                                                                                     |  | CPVP0D83111                                                                                                                                                           |  |

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