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DLLOW INSTRUCTION			JLLY					
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141						•		
SEND ACKNOWLEDGEMENT TO: (Name and Address) 10689 IBM (REDIT LLC				
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Glendale, C/	4 91209-9071		KIKI	1				
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							LING OFFICE USE ONLY	<u>'</u>
DEBTOR'S EXACT FUI 1a. ORGANIZATION'S		insert only one	_ debtor name (1a	a or 1b) - do not a	bbreviate or combine nar	ies		<u>.</u>
EV GROUP, INC	Σ.							
1b. INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS	·			CITY		STATE	POSTAL CODE	COUNTRY
00 SOUTH RIVER F	PARKWAY			TEMPE		ΑZ	85284	USA
SEE INSTRUCTIONS	ONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION CORPORATION			1f. JURISDICTION OF ORGANIZATION RI		1g. ORG 1143	ANIZATIONAL ID #, if and 17	ync
ADDITIONAL DEBTOR		EGAL NAME - i	nsert only o <u>ne</u> d	ebtor name (2a o	2b) - do not abbreviate o	r combine na	mes	
2a. ORGANIZATION'S I	IAME							
2b. INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
20. INDIVIDUAL S LAST NAME								
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SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION			2f. JURISDICTION OF ORGANIZATION		2n ORG	2g. ORGANIZATIONAL ID #, if any		
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SECURED PARTY'S N		TOTAL ASSIGI	NEE of ASSIGNO	DR S/P) - insert or	lly one_secured party na	me (3a or 3b)	}	
3a. ORGANIZATION'S I IBM CREDIT LL					:			
3b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE	MIDDLE NAME	
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		: :-Detel						
This FINANCING STATEM	ENT covers the follow	ing collateral:						
scribed on IBM Cre grades thereto and a foregoing, including	dit LLC Supplem any and all subs	ent(s) # D83 titutions, repla ions, paymen	111): IBM Equi acements or ex ts under insura	ipment Type 26 cchanges for ar ance or any inde	ed or hereafter acquir 13 8807 999E All ac y such item of equipn emnity or warranty rel 55. (07/06/07) UCC Lo	ditions, atta ent or softv ating to loss	ichments, accessor vare and any and a s or damage to such	ies, accession Il proceeds of i equipment ar
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