SEND ACKNOWLEDGE	c. 1-800-858-5294				
	MENT TO: (Name and Address)				
27670649 CSC Diliger	az Inc				
	ur Heights Pkwy, Suite 400				
L	Filed In: Rhode	e Island (S.O.S.)	/E SPACE IS FO	OR FILING OFFICE U	SE ONLY
DEBTOR'S EXACT FU		ne (1a or 1b) - do not abbreviate or combine names			
APPLIED RAD	AR, INC.				
1b.INDIVIDUAL'S LAST N	AMÉ	FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
10 AIRPORT STI		NORTH KINGSTOWN	RI	02852	USA
SEEINSTRUCTIONS	ADD'L INFO RE 1e, TYPE OF ORGANIZ ORGANIZATION COrp.	ATION 11. JURISDICTION OF ORGANIZATION	1g. ORG 1158	ANIZATIONAL ID#, if any	Dino
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST I	ME	only <u>one</u> debtor name (2a or 2b) - do not abbreviate or co	mbine names MIDDLE	NAME	SUFFIX
2a, ORGANIZATION'S NA	ME		·	NAME POSTAL CODE	SUFFIX
2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST F	ME	FIRST NAME	MIDDLE		COUNTRY
2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST R MAILING ADDRESS SEE INSTRUCTIONS	NAME ADD'L INFO RE 2e. TYPE OF ORGANIZ ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASS	FIRST NAME	MIDDLE	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST R MAILING ADDRESS SECURED PARTY'S SA ORGANIZATION'S NA General Electric	ADD'L INFO RE 2e. TYPE OF ORGANIZ ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIME C Capital Corporation	FIRST NAME CITY ATION 2f. JURISDICTION OF ORGANIZATION SIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE SANIZATIONAL ID #, if any	COUNTRY
2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST N MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S 3a. ORGANIZATION'S NA	ADD'L INFO RE 2e. TYPE OF ORGANIZ ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIME C Capital Corporation	FIRST NAME CITY ATION 2f. JURISDICTION OF ORGANIZATION	MIDDLE	POSTAL CODE SANIZATIONAL ID #, if any	COUNTRY
2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST R MAILING ADDRESS SECURED PARTY'S SA ORGANIZATION'S NA General Electric	ADD'L INFO RE 2e, TYPE OF ORGANIZ ORGANIZATION NAME (or NAME of TOTAL ASSIGNEE of ASSIME C Capital Corporation NAME	FIRST NAME CITY ATION 2f. JURISDICTION OF ORGANIZATION SIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE SANIZATIONAL ID #, if any	COUNTRY

27670649

39h7 - 8334780-001



Exhibit A

APPLIED RADAR, INC. 8334780001

Product/Description	O ty
E8972L - ADS Bundle license - linear, layout	1
Node-locked license	1
R-30A-001-L - 12 months upgrades and support - node-locked	1
E8907L - ADS layout Design Rule Checker license	1
Node-locked license	1
R-30A-001-L - 12 months upgrades and support - node-locked	1

Flow Dogument Books of Logge Initials, V	Datas
Flow Document PackageLessee Initials: X	Date: