JCC FINANCING FOLLOW INSTRUCTIONS A. NAME & PHONE OF C	(front and back) C	AREFULLY	·			
B. SEND ACKNOWLEDG Dime Bank 290 Salem Norwich, C	t Turnpike	and Address)				
			THE A	ABOVE SPACE IS FO	R FILING OFFICE US	E ONLY
1. DEBTOR'S EXACT F	ULL LEGAL NAME	- insert only <u>one</u> debtor name (1	a or 1b) - do not abbreviate or combine nam			
1a. ORGANIZATION'S N.	AME					
OR 1b. INDIVIDUAL'S LAST		struction Company, Inc.	FIRST NAME	IMIDDLE	MIDDLE NAME S	
ID. INDIVIDUAL 3 CASI	INCHINE.		, mor mane			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
4 Canal Street			Westerly	RI	02891	USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1 -	ANIZATIONAL ID#, if any	_
	DEBTOR			12363		
		·	RI		} ·	NON
	R'S EXACT FULL	·	e debtor name (2a or 2b) - do not abbreviate			NON
2. ADDITIONAL DEBTO  2a. ORGANIZATION'S N	R'S EXACT FULL	·				NON
	R'S EXACT FULL	·				SUFFIX
2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST	R'S EXACT FULL	·	e debtor name (2a or 2b) - do not abbreviate	e or combine names  MIDDLE	NAME	SUFFIX
2a. ORGANIZATION'S N	R'S EXACT FULL	·	debtor name (2a or 2b) - do not abbreviate	or combine names		
2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST	R'S EXACT FULL AME	·	e debtor name (2a or 2b) - do not abbreviate	MIDDLE STATE	NAME	SUFFIX
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DESTOR	LEGAL NAME - insert only one	e debtor name (2a or 2b) - do not abbreviate  FIRST NAME  CITY	or combine names  MIDDLE  STATE  ON 2g. ORG	NAME POSTAL CODE	SUFFIX
2a. ORGANIZATION'S N  OR  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  Dime Bank	ADD'L INFO RE ORGANIZATION DEBTOR	LEGAL NAME - insert only one	e debtor name (2a or 2b) - do not abbreviate  FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATIO	or combine names  MIDDLE  STATE  ON 2g. ORG	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR	LEGAL NAME - insert only one	FIRST NAME  CITY  2r. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name	MIDDLE STATE ON 2g. ORG	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX COUNTRY
2a. ORGANIZATION'S N  OR  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  Dime Bank	ADD'L INFO RE ORGANIZATION DEBTOR	LEGAL NAME - insert only one	FIRST NAME  CITY  2r. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name	MIDDLE STATE ON 2g. ORG	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX COUNTRY
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  Dime Bank  OR  3b. INDIVIDUAL'S LAST	ADD'L INFO RE ORGANIZATION DEBTOR  NAME  NAME  NAME  NAME  NAME  P.O. Box 70	LEGAL NAME - insert only one  2e. TYPE OF ORGANIZATION  1  6 TOTAL ASSIGNEE of ASSIGNO	FIRST NAME  CITY  2t. JURISDICTION OF ORGANIZATION  PR S/P) - insert only one secured party name	MIDDLE STATE ON 2g. ORG	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX COUNTRY
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  Dime Bank  OR  3b. INDIVIDUAL'S LAST  3c. MAILING ADDRESS  290 Salem Turnpike,  4. This FINANCING STATEM  All inventory, equipribut not limited to all other rights to paymoil, gas and other m timber to be cut; all to the foregoing prorefunds relating to trelating to the foregoing to	ADD'L INFO RE ORGANIZATION DEBTOR  NAME  NAME  P.O. Box 70  ENT covers the follow promissory no lent and performing attachments, accounts perty, and all accounts promissory no lent and performing property, and all accounts promissory no lent and performing property, and all accounts perty, accounts perty pe	LEGAL NAME - insert only one  [2e. TYPE OF ORGANIZATION  of TOTAL ASSIGNEE of ASSIGNO  fing collateral:  (including but not limite tes), letter-of-credit righ mance, and general intar extraction; all oil, gas, ot exessions, accessories, dditions, replacements of operty; all good will rela and all equipment, inven upporting obligations rel couired or whether now	FIRST NAME  CITY  21. JURISDICTION OF ORGANIZATION  PR S/P) - insert only one secured party name  FIRST NAME  CITY  CITY	e or combine names  MIDDLE  STATE  ON 2g. ORG  e (3a or 3b)  MIDDLE  STATE  CT  receivables), chatt, deposit accounted to all software stituting as-extract, repairs, supplies ny part of the fore all records and detate, maintain and cate, maintain and cit; all whether now to in the foregoin	NAME  POSTAL CODE  NAME  POSTAL CODE  06360  tel paper, instrume s, investment propand all payment incted collateral; all fegoing property; all lata and embedded process any such existing or hereaf	SUFFIX  COUNTRY  USA  Ints (Including erty, money, tangibles); all goods relating insurance software records and ter arising,
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  3. SECURED PARTY'S  3a. ORGANIZATION'S N  Dime Bank  OR  3b. INDIVIDUAL'S LAST  290 Salem Turnpike,  4. This FINANCING STATEM  All inventory, equipr but not limited to all other rights to paym oil, gas and other m timber to be cut; all to the foregoing pro refunds relating to t relating to the foreg data on electronic m whether now owned proceeds (including	ADD'L INFO RE ORGANIZATION DEBTOR  NAME  NAME  P.O. Box 70  ENT covers the follow promissory no lent and performing attachments, accounts perty, and all accounts promissory no lent and performing property, and all accounts promissory no lent and performing property, and all accounts perty, accounts perty pe	LEGAL NAME - insert only one  [2e. TYPE OF ORGANIZATION  of TOTAL ASSIGNEE of ASSIGNO  fing collateral:  (including but not limite tes), letter-of-credit righ mance, and general intar extraction; all oil, gas, ot exessions, accessories, dditions, replacements of operty; all good will rela and all equipment, inven upporting obligations rel couired or whether now	FIRST NAME  CITY  2f. JURISDICTION OF ORGANIZATION  PR S/P) - insert only one secured party name  FIRST NAME  CITY  Norwich  d to all health-care-insurance rets, letters of credit, documents, agibles (including but not limite ther minerals and accounts constitutions for all or an atting to the foregoing property; tory and software to utilize, creating to the foregoing property or hereafter subject to any right.	e or combine names  MIDDLE  STATE  ON 2g. ORG  e (3a or 3b)  MIDDLE  STATE  CT  receivables), chatt, deposit accounted to all software stituting as-extract, repairs, supplies ny part of the fore all records and detate, maintain and cate, maintain and cit; all whether now to in the foregoin	NAME  POSTAL CODE  NAME  POSTAL CODE  06360  tel paper, instrume s, investment propand all payment incted collateral; all fegoing property; all lata and embedded process any such existing or hereaf	SUFFIX  COUNTRY  USA  Ints (including erty, money, tangibles); all goods relating insurance is software records and ter arising,