

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                             |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                              |  |
| KUBOTA CREDIT CORPORATION, U.S.A.<br>PO BOX 2429<br>SUWANEE, GA 30024-9955 |  |

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  |                                   |                          |                                  |             |                                          |         |
| OR                       | 1b. INDIVIDUAL'S LAST NAME        |                          | FIRST NAME                       | MIDDLE NAME | SUFFIX                                   |         |
|                          | MCKAY                             |                          | ROBERT                           |             |                                          |         |
| 1c. MAILING ADDRESS      |                                   |                          | CITY                             | STATE       | POSTAL CODE                              | COUNTRY |
| 500 SMITH HILL RD        |                                   |                          | HARRISVILLE                      | RI          | 02830                                    | USA     |
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION |             | 1g. ORGANIZATIONAL ID #, if any          |         |
|                          |                                   | INDIVIDUAL               |                                  |             | <input checked="" 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. TAX ID #: SSN OR EIN | 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           |                            |  |            |             |             |         |
| KUBOTA CREDIT CORPORATION, U.S.A. |                            |  |            |             |             |         |
| OR                                | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
|                                   |                            |  |            |             |             |         |
| 3c. MAILING ADDRESS               |                            |  | CITY       | STATE       | POSTAL CODE | COUNTRY |
| PO BOX 2429                       |                            |  | SUWANEE    | GA          | 30024-9955  | USA     |

4. This FINANCING STATEMENT covers the following collateral:

|        |         |       |                         |
|--------|---------|-------|-------------------------|
| KUBOTA | B21     | 65025 | 4-WD TRACTOR            |
| KUBOTA | TL2156  | A0142 | 56" BUCKET              |
| KUBOTA | BT751   | A0578 | BACKHOE                 |
| KUBOTA | TL421   | A0243 | FRT. LDR W/SEAT FOR B21 |
| KUBOTA | BT1952A | A2446 | 16" BUCKET              |

|                                             |                                                                                                                                |               |                                                                  |               |                                                                                                          |          |                |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]: |                                                                                                                                | LESSEE/LESSOR | CONSIGNEE/CONSIGNOR                                              | BAILEE/BAIOLR | SELLER/BUYER                                                                                             | AG. LIEN | NON-UCC FILING |
| 6.                                          | 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) [OPTIONAL FEE] |               | All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/> |          |                |
| 8. OPTIONAL FILER REFERENCE DATA            |                                                                                                                                |               |                                                                  |               |                                                                                                          |          |                |
| 19191048                                    |                                                                                                                                |               |                                                                  |               |                                                                                                          |          |                |