

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Forward National Company
 112 Turnpike Road, Suite 201
 Westborough, MA 01581

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 SAMPSON | FIRST NAME RONALD | MIDDLE NAME B | SUFFIX |
|--|-----------------------------|-------------------------|--------|

| | | | | |
|---|------------------------|--------------------|-----------------------------|--------------------------|
| 1c. MAILING ADDRESS 582 MAIN AVENUE | CITY WARWICK | STATE RI | POSTAL CODE 02886 | COUNTRY U.S.A. |
|---|------------------------|--------------------|-----------------------------|--------------------------|

| | | | | | |
|----------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 1d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | <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 SAMPSON | FIRST NAME LYNNE | MIDDLE NAME M | SUFFIX |
|--|----------------------------|-------------------------|--------|

| | | | | |
|---|------------------------|--------------------|-----------------------------|--------------------------|
| 2c. MAILING ADDRESS 582 MAIN AVENUE | CITY WARWICK | STATE RI | POSTAL CODE 02886 | COUNTRY U.S.A. |
|---|------------------------|--------------------|-----------------------------|--------------------------|

| | | | | | |
|----------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 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
WEBSTER FIVE CENT'S SAVINGS

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

| | | | | |
|---|-----------------------|--------------------|-----------------------------|--------------------------|
| 3c. MAILING ADDRESS 10 A STREET | CITY AUBURN | STATE MA | POSTAL CODE 01501 | COUNTRY U.S.A. |
|---|-----------------------|--------------------|-----------------------------|--------------------------|

4. This FINANCING STATEMENT covers the following collateral:

A Used 1983 PARKWOOD manufactured home, also known as a "mobile home", Serial # P-8-134-70X14T5337 including all parts, equipment, built-in fixtures and appliances, and accessories affixed thereto or used in conjunction therewith, located at LEISURE VILLAGE, 1 COMFORT WAY, COVENTRY, RI 02816.

In addition, the security agreement includes any and all accessory buildings, porches, extensions and/or additions attached or which become attached to the above referenced manufactured home.

Except as otherwise permitted by written agreement with the Secured Party, the Debtor is prohibited from granting any other security interest in the above. Unless otherwise expressly agreed to in writing by the Secured Party, any receipt of proceeds of the disposition of any collateral by any person other than the Secured Party, which proceeds are not paid over to the Secured Party, violates the rights of the Secured Party.

| | | | | | | |
|---|---|--|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION [if applicable]: | <input type="checkbox"/> LESSEE/LESSOR | <input type="checkbox"/> COSIGNEE/COSIGNOR | <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 | 7. Check to REQUEST SEARCH REPORT(S) on debtor(s) (ADDITIONAL FEE) (optional) | | <input type="checkbox"/> All Debtors | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

| | | | |
|-------------------------|--|-----------------------------|-----------------------------------|
| 9a. ORGANIZATION'S NAME | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME SAMPSON | FIRST NAME RONALD | MIDDLE NAME, SUFFIX B., |

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (11a or 11b) - do not abbreviate or combine names

| | | | | | | |
|--------------------------|-----------------------------------|---------------------------|-----------------------------------|---|-------------|---------|
| 11a. ORGANIZATION'S NAME | | | | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 11c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE | | |

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one secured party name (12a or 12b)

| | | | | | | |
|--------------------------|-----------------------------|--|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME | | | | | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 12c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction - effective 30 years

Filed in connection with a Public-Finance Transaction - effective 30 years