S. SEND ACKNOWLED	nc. 1-800-	ck) CAREFULLY LER [optional]				
27722957 CSC Dilige 6500 Harbo Mukilteo, W	our Heights	Pkwy, Suite 400				
L		Filed In: Rhode Islan	` <u>-</u>			
DEBTOR'S EXACT FU	JLL LEGAL NAMI	E - insert only <u>one</u> debtorname (1a or1	b)-do notabbreviate or combine names	SPACE IS F	OR FILING OFFICE	JSE ONLY
M & D Transpo	rtation, Inc.			-		P
16. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·	CITY			
77 A. Scituate Av	enue/		Johnston	STATE RI	POSTAL CODE 02919	COUNT
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1	ANIZATIONAL ID#, if an	ıy
ADDITIONAL DEBTO	R'S EXACT FUL	L LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or comb	ine names	· · · · · · · · · · · · · · · · · · ·	
28. ORGANIZATION'S NA M&D Transport		· · · · · · · · · · · · · · · · · · ·		To Harries		 -
2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME ISUEE		
			_	MIDDLE NAME SUFF		SUFFIX
AALING ADDRESS 7 A. Scituate Avenue			СПУ	STATE	POSTAL CODE	COUNTI
SEEINSTRUCTIONS	ADDL INFO RE Ze. TYPE OF ORGANIZATION ORGANIZATION Company		Johnston 2f. JURISDICTION OF ORGANIZATION	RI	02919	USA
			RI	2g. ORGANIZATIONAL ID#, if any		
ECURED PARTY'S	NAME (ar NAME of	TOTAL ASSIGNEE of ASSIGNOR S/F	P) - insert only <u>one</u> secured party name (3a or 3b)			
3a. ORGANIZATION'S NAI Amerisource Fu			,	 -		
3b. INDIVIDUAL'S LAST N			FIRST NAME	Isin=		
				MIDDLE NAME S		SUFFIX
AAILING ADDRESS 201 Northwest Freeway, Ste. 300			CITY	STATE	POSTAL CODE	COUNTR
	reeway. Ste	e. 300	Houston	TX	77040	USA

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