

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

Corporation Service Company  
801 ADLAI STEVENSON DRIVE  
Springfield, IL 62703

01641144560193100101  
63273-175

ONE  
Kbt

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: CARVAIHO  
FIRST NAME: JOSE  
MIDDLE NAME: J  
SUFFIX:

1c. MAILING ADDRESS: 110 LAKE RD  
CITY: TIVERTON  
STATE: RI  
POSTAL CODE: 02878  
COUNTRY: USA

1d. SEE INSTRUCTIONS  
ADD'L INFO RE ORGANIZATION DEBTOR  
1e. TYPE OF ORGANIZATION  
1f. JURISDICTION OF ORGANIZATION  
1g. ORGANIZATIONAL ID #, if any

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

2c. MAILING ADDRESS

2d. SEE INSTRUCTIONS  
ADD'L INFO RE ORGANIZATION DEBTOR  
2e. TYPE OF ORGANIZATION  
2f. JURISDICTION OF ORGANIZATION  
2g. ORGANIZATIONAL ID #, if any

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: CNH CAPITAL AMERICA LLC, AS AGENT FOR OR ASSIGNEE OF CIT BANK

OR

3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS: 100 BRUBAKER AVE  
CITY: NEW HOLLAND  
STATE: PA  
POSTAL CODE: 17557  
COUNTRY: USA

**4. This FINANCING STATEMENT covers the following collateral:**

NEWHOL	T225DA	TRACTOR	HC22638
NEWHOL	10LA	LOADER	PMT013258
WOODS	BH6000	BACKHOE	1035435

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  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  7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) [ADDITIONAL FEE]  optional  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA 01641144560193100101

RI-Secretary Of State