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This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	ia fior record] (or record	led) in the REAL (if applicabl		REQUEST SEARCH REPO NAL FEEI	loctional	(S) All Debtors	Debtor 1 Det
ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR		NEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BI		NON-UCC F
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regoing and the collateral listed on to ontract. No.: 111807517*3							
anufactured or distributed by Snap-coceeds (including insurance procee	eds or claims), acc	cessions, att	achments, ad	ditions, substitutions	and replace	ments to and of s	uch items (the
elow. In addition to the purchase mondequipment of Debtor, whether no	w owned or herea	fter acquired	 which were 	acquired from a Sna	ap-on Dealer	, and any and all g	oods and equi
urchase Money Security Interest in a							
This FINANCING STATEMENT covers the follow	wing collateral:					*	
50 TECHNOLOGY WAY, SUITE			LIBERTYV	111111111111111111111111111111111111111	IL .	60048	USA
L C. MAILING ADDRESS FO TECHNOLOGY MAY SHITE	201		CITY	al I E	STATE	POSTAL CODE	COUNTRY
OP. WADIALDOUE O EUO I JAUME			. II.G. MAINIE		IMIDOLE	. TW HYEL	SUFFIX
3b. INDIVIDUAL'S LAST NAME		<u>.' </u>	FIRST NAME	•	MIDDLE	NAME	SUFFIX
3a. ORGANIZATION'S NAME SNAP ON CREDIT							
SECURED PARTY'S NAME (or NAME of	TOTAL ASSIGNEE	of ASSIGNOR	R S/P) - insert or	ly one_secured party	name (3a or 3b)	
ORGANIZATION DEBTOR							, [-] ₁
d. SEE INSTRUCTIONS ADD'L INFO RE	2e. TYPE OF ORGA	NIZATION	2f. JURISDICTIO	ON OF ORGANIZATION	2a. OR0	 GANIZATIONAL ID #, if a	any
:, MAILING ADDRESS	*		CITY		STATE	POSTAL CODE	COUNTRY
					:	Takan	
26. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
ADDITIONAL DEBTOR'S EXACT FULL (2a. ORGANIZATION'S NAME	_EGAL_NAME - Inser	π only o <u>ne</u> de	otor name (2a c	r zb) - do not abbreviat	e or combine na	ames	
DEBTOR	<u> </u>						
I. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE ORGANIZATION		NIZATION	1f. JURISDICTIO	ON OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if a	eny
0 BUD WAY			TIVERTO	N .	RI	02878	USA
: MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·		CITY		STATE	POSTAL CODE	COUNTRY
MELLO			JOHN	•	M		JOFFIA
Th. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
1a. ORGANIZATION'S NAME	•						
. DEBTOR'S EXACT FULL LEGAL NAME	- insert only o <u>ne</u> de	btor name (1a	or 1b) - do not a	bbreviate or combine n	ames		-
			<u>.</u>	THE ABOVE	SPACE IS FOR F	ILING OFFICE USE ON	ILY
			·	•			
Glendale, CA 91209-9071		RIRI					
P.O. Box 29071		~ II ~ I	·				
UCC Direct Services	•	1198861	14		2		
			. !				
S. GEND NONTO VEED SEMENT TO: (Name an	ON CREDIT						
B. SEND ACKNOWLEDGEMENT TO: (Name an					·	•	
NAME & PHONE OF CONTACT AT FILER [op Phone:(800) 331-3282 F			e e				
OLLOW INSTRUCTIONS (front and	back) CAREFULL	_Y					
CC FINANCING STATEMEN	JT						

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)