FOLLOW INSTRUC  A. NAME & PHONE OF C	TIONS (front and	back) CAREFULLY					
ATTN: LC PO BOX	HODE ISLAND DAN SERVICII 9488 ENCE, RI 0294	NG					
				THE ABOVE SPA	CE IS FOR I	FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT I		- insert only one debtor name (1a or	1b) - do not abbrevia	ate or combine names			
UH	DR ECOTONES, INC.  1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	
1c. MAILING ADDRESS 1130 TEN ROD ROAD, C-250D			OITY NORTH KINGSTOWN		STATE RI	POSTAL CODE 02852	COUNTRY
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	16. TYPE OF ORGANIZATION CORP	11. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any 58267		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - insert only one del  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME	
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN	TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION		21. JURISDICTION OF ORGANIZATION		STATE 2g. ORGA	2g. ORGANIZATIONAL ID #, if any	
RHODE ISLAND	DEBTOR	OTAL ASSIGNEE of ASSIGNOR S/P)	- insert only one se	cured party name (3a or 3b)			NONE
3a. ORGANIZATION'S BANK RHO	NAME	<del></del>	· · · · · · · · · · · · · · · · · · ·				
3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
30. MAILING ADDRESS  ONE TURKS HEAD PLACE			PROVIDENCE		STATE RI	POSTAL CODE 02903	COUNTRY
COLLATERAL	IG STATEME DESCRIBED I	collateral: NT IS BEING FILED N THE LAPSED FIN. G DEBTOR AND SEC	ANCING ST	TATEMENT BEAF	RING No.	20080607890	
5. ALTERNATIVE DESIG	NATION [if applicable]	: Lesseelessor Cons	IGNEE/CONSIGNO	BAILEE/BAILOR S	ELLER/BUYER	AG.LIEN NON-	UCC FILING
6. This FINANCING STAT	EMENT is to be filed ifor		7. TO REQUEST A SE	ARCH REPO	ORT, FILE A UCC11		
	Attach Addendum [if ap						