FOI A.I	LOW INSTRUCT NAME & PHONE OF CO SEND ACKNOWLEDGE BANK RH ATTN: LC PO BOX S	ONTACT AT FILER [OF MENT TO: [Name a IODE ISLAND DAN SERVICIN	back) CAREFULLY bitional] nd Address]					
	L				THE ABOVE SDAC	E IS FOR	FILING OFFICE US	E ONLY
1. D	EBTOR'S EXACT F	ULL LEGAL NAME	- insert only one debtor name (1a or	1b) - do not abbrevia		E 13 FON	FILING OFFICE 05	E ONE!
	18. ORGANIZATION'S NAME MONTAGUE STUDIOS, LTD.							
<u>OR</u>	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
	1c. MAILING ADDRESS 9 NEWMAN AVENUE				CITY RUMFORD		POSTAL CODE 02916	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION				11. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any		100/1
NOT REQUIRED IN CORPORATION DEBTOR CORPORATION 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only one del				RI		100106		
2. AI	2a. ORGANIZATION'S		EGAL INAIVIE Insert only one de	otor name (za or zo)	- do not abbreviate of combine	maines		
<u>OR</u>				FIRST NAME MIDDLE NAME SUFFIX				
	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
2c. M.	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
N	2d. TAX ID #: SSN OR EIN ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR			21. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
_	CURED PARTY'S	NAME: (or NAME of T	TAL ASSIGNEE of ASSIGNOR S/P)	- insert only one sec	eured party name (3a or 3b)			
	BANK RHODE ISLAND							
<u>OR</u>	3b. INDIVIDUAL'S LAST NAMÉ			FIRST NAME		MIDDLE NAME		SUFFIX
3c M	ALLING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
ONE TURKS HEAD PLACE				PROVIDENCE		RI	02903	USA
TH C(HIS FINANCIN DLLATERAL I	DESCRIBED I	collateral: NT IS BEING FILED N THE LAPSED FIN SECURED PARTY (ANCING ST	ATEMENT BEAF	RING No.	020089 BETW	EEN THE
		_						
_		NATION [if applicable		IGNEE/CONSIGNOR				
6. [EMENT is to be filed (for Attach Addendum [if ap	record] (or recorded) in the REAL plicable]		7. TO REQUEST A SEARCH REPORT, FILE A UCC11			
8. O	TIONAL FILER RE	FERENCE DATA:						