| | TRUCTIONS PHONE OF CONTACT AT FILER (options | | | | | |
|--|---|---|---|---|--|---------------------------------|
| Corpora E-MAIL CO | ation Service Company 1-80 DNTACT AT FILER (optional) ing@cscinfo.com KNOWLEDGMENT TO: (Name and Add 774 - 321930 tion Service Company (Name and Add ai Stevenson Drive | 00-858-5294 | COM | | | |
| SPRFII SEND ACI | ing@cscinfo.com KNOWLEDGMENT TO: (Name and Add | Chul | 0 | | | |
| 1083807 | 774 - 321930 | OCO. | $\neg 1$ | | | |
| Corporat | tion Service Company | | ' | | | |
| Springfie | eld, IL 62703-4261 | Filed In: Rho | ode Island | | | |
| L | | | (S.O. <u>S.)</u> | IVE SPACE IS FO | R FILING OFFICE USE | ONLY |
| | S NAME: Provide only one Debtor name (1a | | arne; do not omit, modify, or abbreviate a | iny part of the Debtor | 's name); if any part of the li | ndividual De |
| | ot fit in line 1b, leave all of item 1 blank, check h | | e Individual Debtor information in item 10 | 0 of the Financing Sta | atement Addendum (Form U | CC1Ad) |
| III. OROZII | | | | | | |
| -L | | | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 1b. INDIVII | DUAL'S SURNAME | | | | | |
| 16. INDIVII | DUAL'S SURNAME DDRESS 6 CRUDALE DR | | CITY | STATE | POSTAL CODE | COUNTR |
| | | | спт WEST WARWICK | STATE RI | POSTAL CODE 02893 | COUNTE |
| MAILING A | | or 2b) (use exact, full na | WEST WARWICK | RI nny part of the Debtor | 02893 's name); if any part of the li | USA ndividual Del |
| MAILING A DEBTOR name will no | DDRESS 6 CRUDALE DR 'S NAME: Provide only one Debtor name (2a | or 2b) (use exact, full na | WEST WARWICK ame; do not omit, modify, or abbreviate a | RI nny part of the Debtor | 02893 's name); if any part of the li | USA ndividual Del |
| DEBTOR name will no 2a. ORGAL | DDRESS 6 CRUDALE DR 'S NAME: Provide only one Debtor name (2a of fit in line 2b, leave all of item 2 blank, check to NIZATION'S NAME | or 2b) (use exact, full na nere and provide th | WEST WARWICK ame; do not omit, modify, or abbreviate a ne Individual Debtor information in item 1 | RI iny part of the Debtor 0 of the Financing St | 02893 's name); if any part of the li | USA ndividual Del ICC1Ad) |
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| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) | being administered by a Decedent's Personal Representative | | |
|--|--|--|--|
| 6a. Check only if applicable and check only one box: | 6b. Check only if applicable and check only one box: | | |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility | Agricultural Lien Non-UCC Filing | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy | ver Bailee/Bailor Licensee/Licensor | | |
| 8. OPTIONAL FILER REFERENCE DATA: 001-1138340-010 | 1092907 | | |

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