

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO (Name and Address)
<div style="border: 1px solid black; width: 80%; margin: auto; padding: 20px;"> <div style="border: 1px solid black; width: 100%; height: 100%;"></div> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only **one** Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

a ORGANIZATION'S NAME <b>World Van Lines, Inc.</b>					
OR 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c MAILING ADDRESS <b>490 Park Drive</b>		CITY <b>Weirton</b>	STATE <b>WV</b>	POSTAL CODE <b>26062</b>	COUNTRY <b>USA</b>

2 DEBTOR'S NAME Provide only **one** Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME					
OR 2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
2c MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only **one** Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME <b>BMO Harris Bank N.A.</b>					
OR 3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c MAILING ADDRESS <b>111 West Monroe St.</b>		CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60603</b>	COUNTRY <b>USA</b>

All present and future assets of Debtor, wherever located, together with all proceeds and products thereof.

5 Check <b>only</b> if applicable and check <b>only</b> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a Check <b>only</b> if applicable and check <b>only</b> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b Check <b>only</b> if applicable and check <b>only</b> one box: <input type="checkbox"/> Agricultural Loan <input type="checkbox"/> Non-UCC Filing	
7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	

8 OPTIONAL FILER REFERENCE DATA  
**File with the Secretary of State of Rhode Island**