

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C SEND ACKNOWLEDGMENT TO (Name and Address) 1707 04007 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 infoacks@cscinfo.com Filed In Rhode Island (S O S.)	

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);

1a ORGANIZATION'S NAME JLGKN Painting LLC			
OR	1b INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 375 Central Street	CITY Central Falls	STATE RI	POSTAL CODE 02863
		COUNTRY USA	

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 375 Central Street	CITY Central Falls	STATE RI	POSTAL CODE 02863
		COUNTRY USA	

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

3a ORGANIZATION'S NAME Corporation Service Company, as Representative			
OR	3b INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS P.O. Box 2576	CITY Springfield	STATE IL	POSTAL CODE 62708
UCCSPREP@CSCINFO.COM		COUNTRY USA	

4 COLLATERAL This financing statement covers the following collateral:
 All inventory; Chattel Paper; Accounts, including but not limited to all Receivables, Equipment, General Intangibles; Furniture; Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other account proceeds).

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: Public-Finance Transaction; Manufactured-Home Transaction; A Debtor is a Transmitting Utility

6b Check only if applicable and check only one box: Agricultural Lien; Non-UCC Filing

7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor; Consignor/Consignor; Seller/Buyer; Bailee/Bailee; Licensee/Licensee

8 OPTIONAL FILER REFERENCE DATA

1707 04007