

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Alana Gramer (212) 318-6000	
B. E-MAIL CONTACT AT FILER (optional) alanagramer@paulhastings.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) Paul Hastings LLP 200 Park Avenue New York, NY 10166	

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 Ideal Image Group of Rhode Island, LLC				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 1 N Dale Mabry Hwy, Suite 1200		CITY Tampa	STATE FL	POSTAL CODE 33609
			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		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 Ideal Image Development Corporation				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS 1 N Dale Mabry Hwy, Suite 1200		CITY Tampa	STATE FL	POSTAL CODE 33609
			COUNTRY USA	

4 COLLATERAL: This financing statement covers the following collateral:
All consumer loans, instruments, installment sales contracts, payment plans, accounts, payment intangibles and other receivables (collectively, the "Receivables") sold (or purported to be sold) by Debtor to Secured Party from time to time under a receivables purchase agreement or other similar agreement (as such agreements may be amended, restated, supplemented or otherwise modified from time to time), and (i) all contracts, records, documents and writings evidencing or related to the Receivables and all related rights and benefits under such contracts, records, documents and writings, (ii) all guaranties, indemnities, warranties, insurance (and proceeds and premium refunds thereof) and other agreements or arrangements of whatever character from time to time supporting or securing payment of the Receivables, (iii) all rights to service the Receivables, (iv) all payments, collections and all other amounts collected in respect of the Receivables, (v) all present and future claims, demands, causes of action and choses in action in respect of any or all of the foregoing, (vi) all payments on or under any of the foregoing and (vii) all proceeds of every kind and nature whatsoever in respect of any or all of the foregoing.

5. Check only if applicable and check only 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 only if applicable and check only 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 only if applicable and check only one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessor/Lessor <input type="checkbox"/> Consignor/Consignee <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licensee/Licensee	

8. OPTIONAL FILER REFERENCE DATA:
Filed with: RI - Secretary of State F#687799
A#950093