

UCC-1 Form

FILER INFORMATION

Full name: CORPORATION SERVICE COMPANY

Email Contact at Filer: RISOSUCCFILINGSV3@CSCGLOBAL.COM

SEND ACKNOWLEDGEMENT TO

Contact name: CORPORATION SERVICE COMPANY

Mailing Address: 801 ADLAI STEVENSON DRIVE

City, State Zip Country: SPRINGFIELD, IL 62703 USA

DEBTOR INFORMATION

Org. Name: T. P. MAHONEY, INC.

Mailing Address: 230 DRY BRIDGE RD

City, State Zip Country: NORTH KINGSTOWN, RI 02852 USA

SECURED PARTY INFORMATION

Org. Name: WELLS FARGO VENDOR FINANCIAL SERVICES, LLC

Mailing Address: PO BOX 35701

City, State Zip Country: BILLINGS, MT 59107 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 450-0144810-000 2918 57720

COLLATERAL

"THIS FINANCING STATEMENT COVERS THE EQUIPMENT AND OTHER ASSETS DESCRIBED BELOW AND/OR ON ANY ANNEX, SCHEDULE AND/OR EXHIBIT HERETO (WHICH IS TO BE CONSIDERED AN INTEGRAL PART HEREOF), PLUS ALL EXISTING AND FUTURE REPLACEMENTS, EXCHANGES AND SUBSTITUTIONS THEREFOR, ATTACHMENTS, ACCESSORIES, ACCESSIONS AND ADDITIONS THERETO, AND INSURANCE, LEASE, SUBLEASE AND OTHER PROCEEDS THEREOF. EQUIPMENT : " 1 DEVELON DL220 4-Wd ARTICULATED WHEEL LOADERS S/N DHKCWLDVLP5050598