

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (OPTIONAL) Phone: (800) 331-3282 Fax: (818) 882-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	8844 DIRECT CAPITAL
UCC Direct Services P O Box 29071 Glendale, CA 91209-9071	13707186 KYKY

2008-2303688-20.01

Kentucky Secretary of State
File Date 3/12/2008 4:30:00 PM
Status Active
Fee: \$10.00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME MCM DEMOLITION, INC.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 2301 Frankfort Ct		CITY Lexington	STATE KY	POSTAL CODE 40510
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION KY
			1g. ORGANIZATIONAL ID #, if any 0541557	<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			2g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME Direct Capital Corporation				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 155 Commerce Way		CITY Portsmouth	STATE NH	POSTAL CODE 03801
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All Debtor/Lessor's Equipment, Machinery, and other Fixed Assets Whether Located On The Premises Or Elsewhere, Whether Now Owned or Hereafter Acquired

