FINANCING STATEMENT - FOLLOW INSTRUC This Financing Statement is presented for filling pursuant to the Uniform and will remain effective, with certain exceptions, for 5 years from date	Commercial Code			
A. NAME & TEL. # OF CONTACT AT FILER (optional) B. F	FILING OFFICE ACCT.# (optional)		1	
C. RETURN COPY TO: (Name and Mailing Address)				
Please return copy to:			\ \	
✓CT CORPORATION SYSTEM	1614568-1		\ '	\
Attn: Lola Odunlami 49 Stevenson Street, Suite 300	1614500		\	\
San Francisco, CA 94105	(Ψ' '		\	\
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A OPTIONAL PROPERTY CONT.				\
D. OPTIONAL DESIGNATION (11 applicable): LESSOR/LESSEE CON: DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor nam				_
1a. ENTITY'S NAME				
LIFE-GUARD WATERPROOFING PRODUCTS, INC.				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	GITY	STATE	COUNTRY	POSTAL CODE
733 N. MAIN STREET	ORANGE	CA		92868-1105
d. S.S. OR TAX I.D.# OPTIONAL 1e. TYPE OF ENTITY ADD'NL INFO RE ENTITY DEBTOR	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENT	ITY'S ORGANI	ZATIONAL I.D.#, if any
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2a. ENTITY'S NAME				
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2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
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