

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|---|----------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) | 15798 BEACON FUNDING |
| UCC Direct Services | 10144524 |
| P.O. Box 29071 | RIRI |
| Glendale, CA 91209-9071 | |

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 parsonsKellogg llc | | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 1c. MAILING ADDRESS 297 Bourne Ave | | | CITY Rumford | STATE RI | POSTAL CODE 02916 | COUNTRY |
| 1d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION LLC | 1f. JURISDICTION OF ORGANIZATION RI | 1g. ORGANIZATIONAL ID #, if any 120927 | | <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 | COUNTRY |
| 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 of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | | | |
|---|----------------------------|--|--------------------|-------------|----------------------|---------|
| 3a. ORGANIZATION'S NAME Beacon Funding Corporation | | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 3c. MAILING ADDRESS 3400 Dundee Road Suite 180 | | | CITY Northbrook | STATE IL | POSTAL CODE 60062 | COUNTRY |

4. This FINANCING STATEMENT covers the following collateral:

The equipment listed below plus all additions, accessions, substitutions, attachments, and replacements: (1) Barudan BEVY-Z1508C 8 Head 15 Needle Embroidery Machine Serial Number 4105134J06 with CF Card and CF Write Software, (8 sets of 2) Advantage "EX" Cap Frame, (1) Cap Framing Device (16 each) 12cm, 15cm, 300X290mm, 460X304mm Hoops, (1) Tes Modifier Plus version 3, (1) Serial Cable, (1) USB-to-Serial Adapter, (1) Dongle

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 ADDITIONAL FEE [optional]

8. OPTIONAL FILER REFERENCE DATA

10144524 parsonsKellogg llc BFC7395-01