

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	
James Weber	312-521-6740
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Rewards Network 2 N Riverside Plaza Ste. 950 Chicago, IL 60606	
RI, Secretary of State	

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 J.A.A.S. RESTAURANT CORP.						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 495 WASHINGTON STREET			CITY COVENTRY	STATE RI	POSTAL CODE 02816	COUNTRY USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any 117915		<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. TAX ID #: SSN OR EIN	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 Rewards Network Establishment Services, Inc.						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 2 North Riverside Plaza			CITY Chicago	STATE IL	POSTAL CODE 60606	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All of Obligor's property, real and personal, tangible and intangible, wherever located, whether now owned or hereafter acquired (collectively, the "Collateral"), including without limitation: all equipment inventory, instruments, investment property, documents, general intangibles, deposits, contract rights, trade names, trademarks, patents, licenses, liquor license, permits, franchise agreements, payments due from credit card and bank card companies or processors, fixtures, liquor inventory, wine inventory, furniture, accounts receivable, accounts, leases, paintings, other forms of artwork, chairs, tables, bars, glasses, dishes, silverware, ovens, stoves, microwave ovens, washing mechanisms, ice boxes, cooking utensils, all other types of kitchen equipment, computer systems, televisions, stereos, other electronic equipment, deposit accounts, refunds of bonds, monies due or to become due from any State Liquor Authority, State Division of Alcoholic Beverage Control, or other such agency, and all products and proceeds of all of the Collateral in whatever form, including, without limitation, all payments under insurance, whether or not Secured Party is the loss payee thereof, all proceeds of any governmental taking, and any indemnity, warranty, letter of credit, (including the right to draw on such letter of credit), or guaranty payable by reason of any default under, loss of, damage to or otherwise, with respect to any of the foregoing.

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAIOLR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input type="checkbox"/> 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) [OPTIONAL FEE] [optional]		All Debtors Debtor 1 Debtor 2			
8. OPTIONAL FILER REFERENCE DATA 7611			60908 dba Cafe Romanzo			

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