

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) 11009 WELLS FARGO FI	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	11541019 RIRI

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 CALVIN PRESBYTERIAN CHURCH						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 126 ANGELL ROAD			CITY CUMBERLAND	STATE RI	POSTAL CODE 02864	COUNTRY USA
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION DOMESTIC, NON-PROFIT	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any 28108 ☐ 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 ☐ 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 WELLS FARGO FINANCIAL LEASING INC						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 365 WEST PASSAIC ST			CITY ROCHELLE PARK	STATE NJ	POSTAL CODE 07662	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

Exhibit B Debtor: CALVIN PRESBYTERIAN CHURCH Secured Party: Wells Fargo Financial Leasing, Inc. This UCC-1
Financing Statement covers all of Debtor's right, title and interest in and to the following: Quantity Description of Goods Serial Numbers (if known)
1 - KONICA MINOLTA BIZHUB 350 COPIER W/FINISHER: S#31123977.
and all existing and future accessions, accessories, attachments, replacements,
replacement parts, additions, substitutions and repairs thereto, software programs embedded therein, and all proceeds (cash and non-cash), including the
proceeds of all insurance policies, thereof.

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 [optional]	
8. OPTIONAL FILER REFERENCE DATA		ADDITIONAL FEE	

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006-0021742-001