

**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)	11658 GOODMAN FACTOR
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	11839197  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 HANNA DESIGNS, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS ONE RICHMOND SQUARE		CITY PROVIDENCE	STATE RI	POSTAL CODE 02906
1d. <u>SEE INSTRUCTIONS</u>		1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION RI	1g. ORGANIZATIONAL ID #, if any 149086
<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. <u>SEE INSTRUCTIONS</u>		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 Goodman Factors				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 3010 LBJ Frwy Ste 140		CITY Dallas	STATE TX	POSTAL CODE 75234
COUNTRY USA				

4. This FINANCING STATEMENT covers the following collateral:

A CONTINUING SECURITY INTEREST IN ALL OF DEBTOR'S ACCOUNTS, NOTES, AND OTHER CHOSSES IN ACTION, CHATTEL PAPER, INSTRUMENTS, DOCUMENTS, COMMERCIAL TORT CLAIMS, LETTER OF CREDIT RIGHTS, SOFTWARE, INTELLECTUAL PROPERTY, AND GENERAL INTANGIBLES PRESENTLY EXISTING AND HEREAFTER ARISING, AND ALL INVENTORY NOW EXISTING AND HEREAFTER ACQUIRED WHEREVER LOCATED, AND ALL OTHER PROCEEDS THEREOF OF EVERY KIND AND NATURE.

5. ALTERNATIVE DESIGNATION [if applicable]	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> 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) [if applicable] (ADDITIONAL FEE)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 [optional]			
8. OPTIONAL FILER REFERENCE DATA 11839197						

