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UCC FINANCIN	GSTATEMEN	 J T		. *			
FOLLOW INSTRUC	CIONS (front and	back) CAREFULLY		•			
A, NAME & PHONE OF C	OUT LOT	Dack) CAREFULLY					
Phone (80	UNIACIAT FILER [of	ax: (818) 662-4141					
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 11658 COO			ODMAN FACTOR				
_		11030 GO	ODMAN FACTOR				
i			i.				
UCC Direc	UCC Direct Services 11920						
	110031						
P.O. Box 2							
Glendale, (CA 91209-9071	RIRI	ľ				
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<u> </u>							•
. DEBTOR'S EXACT F	JLL EGAL NAME	insert only one_debtor name	(10 - 15) 1 1 (1 7	THE ABOVE SPAC	E IS FOR I	FILING OFFICE USE ONL	Υ
TO CHOMINDATIONS	NAME	moont only dive debitor flame	(1a ul 1b) - do not appreviati	or combine name	s		
HANNA DESIG	NS, LLC		•				
1b. INDIVIDUAL'S LAS	TAIAAR						
15. INDIVIDUAL S DAS	INAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS NE RICHMOND SO	IIADE		CITY		STATE	POSTAL CODE	COUNTRY
	- CANC		PROVIDENCE		RI	02906	USA
I. SEE INSTRUCTIONS	ORGANIZATION		GANIZATION 1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any		<u> </u>
			1				, <u> </u>
		LLC		~!	1 1490		
ADDITIONAL DEBTOR	DEBTOR	1		₹!	1490		NON
ADDITIONAL DEBTOR	DEBTOR R'S EXACT FULL LE	LLC EGAL NAME - insert only one					INON
ADDITIONAL DEBTOR	DEBTOR R'S EXACT FULL LE	1					NON
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ADDITIONAL DEBTOR 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS	DEBTOR R'S EXACT FULL LE	1				nnes	
2b. INDIVIDUAL'S LAS	DEBTOR R'S EXACT FULL LE	1	debtor name (2a or 2b) - do		ombine na	nnes	SUFFIX
2b. INDIVIDUAL'S LAS	DEBTOR R'S EXACT FULL LE	1	debtor name (2a or 2b) - do		ombine na	nes NAME	SUFFIX
2b. INDIVIDUAL'S LAS	DEBTOR R'S EXACT FULL LE	1	debtor name (2a or 2b) - do		ombine na	nnes	
2b. INDIVIDUAL'S LAS	DEBTOR R'S EXACT FULL LE	I EGAL NAME - insert only o <u>ne</u>	debtor name (2a or 2b) - do	not abbreviate or c	MIDDLE	NAME POSTAL CODE	SUFFIX
2b. INDIVIDUAL'S LAS	DEBTOR R'S EXACT FULL LE NAME F NAME ADD'L INFO RE ORGANIZATION	1	debtor name (2a or 2b) - do	not abbreviate or c	MIDDLE	nes NAME	SUFFIX
2b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS	DEBTOR R'S EXACT FULL LE NAME I NAME ADD'L INFO RE ORGANIZATION DEBTOR	GAL NAME - insert only one 2e. TYPE OF ORGANIZATION	debtor name (2a or 2b) - do FIRST NAME CITY 2f. JURISDICTION OF ORG	not abbreviate or c	MIDDLE STATE 29. ORG	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
2b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S N	DEBTOR R'S EXACT FULL LE NAME I NAME ADD'L INFO RE ORGANIZATION DEBTOR AME (OF NAME of T	GAL NAME - insert only one 2e. TYPE OF ORGANIZATION	debtor name (2a or 2b) - do FIRST NAME CITY 2f. JURISDICTION OF ORG	not abbreviate or c	MIDDLE STATE 29. ORG	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
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2b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S N 3a. ORGANIZATION'S I Goodman Factor	DEBTOR R'S EXACT FULL LE NAME F NAME ADD'L INFO RE ORGANIZATION DEBTOR AME (or NAME of T IAME ITS	GAL NAME - insert only one 2e. TYPE OF ORGANIZATION	debtor name (2a or 2b) - do FIRST NAME CITY 2f. JURISDICTION OF ORG	not abbreviate or c	MIDDLE STATE 29. ORG	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
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2b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S N 3a. ORGANIZATION'S I Goodman Factor	DEBTOR R'S EXACT FULL LE NAME F NAME ADD'L INFO RE ORGANIZATION DEBTOR AME (or NAME of T IAME ITS	GAL NAME - insert only one 2e. TYPE OF ORGANIZATION	FIRST NAME CITY 2f. JURISDICTION OF ORCO OR S/P) - insert only one s	not abbreviate or c	MIDDLE STATE 29. ORG	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
2b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S N GOODMAN FACTO 3b. INDIVIDUAL'S LAST MAILING ADDRESS	DEBTOR R'S EXACT FULL LE NAME F NAME ADD'L INFO RE ORGANIZATION DEBTOR AME (or NAME of T IAME ITS NAME	GAL NAME - insert only one 2e. TYPE OF ORGANIZATION	debtor name (2a or 2b) - do FIRST NAME CHTY 2f. JURISDICTION OF ORG OR S/P) - insert only one selections of the selection	not abbreviate or c	MIDDLE STATE 2g. ORG (3a or 3b)	NAME POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY
2b. INDIVIDUAL'S LAS MAILING ADDRESS SEE INSTRUCTIONS SECURED PARTY'S N 3a. ORGANIZATION'S I Goodman Factor	DEBTOR R'S EXACT FULL LE NAME F NAME ADD'L INFO RE ORGANIZATION DEBTOR AME (or NAME of T IAME ITS NAME	GAL NAME - insert only one 2e. TYPE OF ORGANIZATION	debtor name (2a or 2b) - do FIRST NAME CITY 2f. JURISDICTION OF ORCO OR S/P) - insert only one s FIRST NAME	not abbreviate or c	MIDDLE STATE 29. ORG (3e or 3b) MIDDLE I	NAME POSTAL CODE ANIZATIONAL ID #, if any NAME POSTAL CODE	SUFFIX SUFFIX COUNTRY
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A CONTINUING SECURITY INTEREST IN ALL OF DEBTOR'S ACCOUNTS, NOTES, AND OTHER CHOSES 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] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER	AG. LIEN AND NON-LICE FILING
C. FELTHIO FINANCINO CENTERIO	AG. LIEN NON-UCC FILING
	Taylor Clark
8. OPTIONAL FILER REFERENCE DATA [if applicable] [ADDITIONAL FEE] [optional]	All DebtorsDebtor 1 Debtor 2
S. S. HONAL FILLER REFERENCE DATA	
11839197	