

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) 720456 BANK OF AMERI	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	25724591 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 Conca Enterprises, LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 17 CHARLES ST		CITY BARRINGTON	STATE RI	POSTAL CODE 02806
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION RI
			1g. ORGANIZATIONAL ID #, if any 000148305	<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. 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 BANC OF AMERICA LEASING & CAPITAL, LLC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 231 S. LASALLE STREET IL1-231-08-33		CITY CHICAGO	STATE IL	POSTAL CODE 60697
			COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral:

A) ANY AND ALL RIGHTS THAT THE DEBTOR MAY HAVE OR ACQUIRE UNDER ANY CONSIGNMENT AGREEMENT BETWEEN PEPPERIDGE FARM INCORPORATED AND DEBTOR; B) ALL CONTRACT RIGHTS, CHATTEL PAPER AND GENERAL INTANGIBLES RELATED TO OR ARISING FROM DEBTOR'S BUSINESS, WHETHER NOW OR HEREAFTER EXISTING OR ACQUIRED AND WHEREVER LOCATED; C) ANY AND ALL REPLACEMENTS AND ADDITIONS TO OR OF THE FOREGOING; AND D) ALL CASH OR NON-CASH PROCEEDS (INCLUDING INSURANCE PROCEEDS) OF THE FOREGOING.

5. ALTERNATIVE DESIGNATION [if applicable] <input checked="" type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAIOLR <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) [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2				
8. OPTIONAL FILER REFERENCE DATA				

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