JCC FINANCING	STATEME	ENT				
OLLOW INSTRUCTIONS						
A. NAME & PHONE OF CO	ONTACT AT FILE	R [optional]				
	31.4.4					
B. SEND ACKNOWLEDG	MENT TO: (Nam	e and Address)				
First Americ	an Title Insur	ance Company - UCC D	Division			
	ican Way, 2nd					
Santa Ana, C		2 - 2 - 4				
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		<u> </u>		SPACEISFO	R FILING OFFICE US	EUNLT
1. DEBTOR'S EXACT FU		E - insert only <u>one</u> debtor name (1a o	or 1b) - do not abbreviate or combine names		<u> </u>	
Jayco Enterpris						
DR 15. INDIVIDUAL'S LAST I	•		FIRST NAME	MIDDLE	NAME	SUFFIX
10.1101111011201111						
c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
			Cranston	RI	02910	USA
717 Park Avenue						
717 Park Avenue	TADD'L INFO RE	1e TYPE OF ORGANIZATION		I		
717 Park Avenue	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corporation	11.JURISDICTION OF ORGANIZATION Rhode Island	1g. ORG	ANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR R'S EXACT FULL	Corporation	11. JURISDICTION OF ORGANIZATION	1g. ORG 00014	ANIZATIONAL ID#, if any	NON
d. TAX ID #: SSN OR EIN ADDITIONAL DEBTOF 28. ORGANIZATION'S NA	ORGANIZATION DEBTOR R'S EXACT FULL ME	Corporation	11. JURISDICTION OF ORGANIZATION Rhode Island	1g. ORG 00014	ANIZATIONAL ID#, if any	
d. TAX ID #: SSN OR EIN 2. ADDITIONAL DEBTOF 2s. ORGANIZATION'S NA BJ Enterprises, 1	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC	Corporation	1f. JURISDICTION OF ORGANIZATION Rhode Island abtor name (28 or 2b) - do not abbreviate or comb	1g. ORG 00014 ine names	ANIZATIONAL ID#, if any 44327	Пиом
d. TAXID#: SSN OR EIN ADDITIONAL DEBTOF 2s. ORGANIZATIONS NA BJ Enterprises, 1	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC	Corporation	11. JURISDICTION OF ORGANIZATION Rhode Island	1g. ORG 00014	ANIZATIONAL ID#, if any 44327	
ADDITIONAL DEBTOF 2a. ORGANIZATIONS NA BJ Enterprises, I 2b. INDIVIDUAL'S LAST I	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC	Corporation	1f. JURISDICTION OF ORGANIZATION Rhode Island abtor name (2a or 2b) - do not abbreviate or comb	19. ORG	ANIZATIONAL ID #, if any 44327 NAME	SUFFIX
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d. TAX ID # SSN OR EIN 2. ADDITIONAL DEBTOF 2b. ORGANIZATION'S NA BJ Enterprises, 1 2b. INDIVIDUAL'S LAST II 2c. MAILING ADDRESS 717 Park Avenue	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME	Corporation LEGAL NAME - Insert only pose of	1f. JURISDICTION OF ORGANIZATION Rhode Island ebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston	19. ORG 90014 ine names MIDDLE STATE RI	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910	SUFFIX
d. TAXID# SSN OR EIN 2. ADDITIONAL DEBTOF 2b. ORGANIZATION'S NA BJ Enterprises, 1 2b. INDIVIDUAL'S LAST II 2c. MAILING ADDRESS 717 Park Avenue	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME	Corporation LEGAL NAME - Insert only one de	1f. JURISDICTION OF ORGANIZATION Rhode Island abtor name (2a or 2b) - do not abbreviate or comb	MIDDLE STATE RI 29, ORG	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any	SUFFIX
d. TAX ID # SSN OR EIN 2. ADDITIONAL DEBTOR 2b. ORGANIZATION'S NA BJ Enterprises, I 2b. INDIVIDUAL'S LAST II 2c. MAILING ADDRESS	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME	Corporation LEGAL NAME - Insert only pose of	1f. JURISDICTION OF ORGANIZATION Rhode Island ebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston	MIDDLE STATE RI 29, ORG	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910	SUFFIX
DR 25. INDIVIDUAL'S LAST IN 25. ADDITIONAL DEBTOR 26. ORGANIZATION'S NA BJ Enterprises, I 25. INDIVIDUAL'S LAST IN 25. MAILING ADDRESS 717 Park Avenue 26. TAX ID # SSN OR EIN 3. SECURED PARTY'S	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (OR NAME OF	Corporation LEGAL NAME - Insert only one do 2. Type of organization Limited liability co.	1f. JURISDICTION OF ORGANIZATION Rhode Island abtor name (2s or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE RI 29, ORG	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any	SUFFIX COUNTRY USA
d. TAXID#: SSN OR EIN 2. ADDITIONAL DEBTOF 2b. ORGANIZATION'S NA BJ Enterprises, I 2b. INDIVIDUAL'S LAST I 2c. MAILING ADDRESS 717 Park Avenue 2d. TAXID#: SSN OR EIN 3. SECURED PARTY'S 3a. ORGANIZATION'S NA	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (OF NAME OF NAME)	Corporation LEGAL NAME - Insert only one do 2. Type of organization Limited liability co.	1f. JURISDICTION OF ORGANIZATION Rhode Island abtor name (28 or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston 2f. JURISDICTION OF ORGANIZATION Rhode Island	MIDDLE STATE RI 29, ORG	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any	SUFFIX COUNTRY USA
d. TAXID#: SSN OR EIN ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA BJ Enterprises, 1 2b. INDIVIDUAL'S LAST II c. MAILING ADDRESS 717 Park Avenue d. TAXID#: SSN OR EIN SECURED PARTY'S 3a. ORGANIZATION'S NA Independence E	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (OF NAME OF NAME OF NAME)	Corporation LEGAL NAME - Insert only one do 2. Type of organization Limited liability co.	1f. JURISDICTION OF ORGANIZATION Rhode Island ebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston 2f. JURISDICTION OF ORGANIZATION Rhode Island S/P) - insert only one secured party name (3a or 3	19. ORG 90014 ine names MIDDLE STATE RI 29. ORG 9001	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any 44356	SUFFIX COUNTRY USA
ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA BJ Enterprises, 1 2b. INDIVIDUAL'S LAST II 2b. INDIVIDUAL'S LAST II C. MAILING ADDRESS 717 Park Avenue d TAX ID # SSN OR EIN SECURED PARTY'S 3a. ORGANIZATION'S NA Independence E	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (OF NAME OF NAME OF NAME)	Corporation LEGAL NAME - Insert only one do 2. Type of organization Limited liability co.	1f. JURISDICTION OF ORGANIZATION Rhode Island abtor name (28 or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston 2f. JURISDICTION OF ORGANIZATION Rhode Island	MIDDLE STATE RI 29, ORG	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any 44356	SUFFIX COUNTRY USA
ADDITIONAL DEBTOF 2a. ORGANIZATIONS NA BJ Enterprises, I 2b. INDIVIDUAL'S LAST II C. MAILING ADDRESS 717 Park Avenue M. TAX ID#: SSN OR EIN 3a. ORGANIZATIONS NA Independence E 3b. INDIVIDUAL'S LAST II	ORGANIZATION DEBTOR R'S EXACT FULL ME LLC NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (OF NAME OF NAME OF NAME)	Corporation LEGAL NAME - Insert only one do 2. Type of organization Limited liability co.	If JURISDICTION OF ORGANIZATION Rhode Island abtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston 2f. JURISDICTION OF ORGANIZATION Rhode Island SP) - insert only one secured party name (3a or 3	MIDDLE STATE RI 29, ORG	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any 44356	SUFFIX COUNTRY USA
DR 2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA BJ Enterprises, I 2b. INDIVIDUAL'S LAST I 2c. MAILING ADDRESS 717 Park Avenue 2d. TAX ID #: SSN OR EIN 3. SECURED PARTY'S 3a. ORGANIZATION'S NA	CAMIZATION DEBTOR R'S EXACT FULL ME LLC NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (OF NAME OF NAME	Corporation LEGAL NAME - Insert only one do 2. Type of organization Limited liability co.	1f. JURISDICTION OF ORGANIZATION Rhode Island ebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY Cranston 2f. JURISDICTION OF ORGANIZATION Rhode Island S/P) - insert only one secured party name (3a or 3	19. ORG 90014 ine names MIDDLE STATE RI 29. ORG 9001	ANIZATIONAL ID #, if any 44327 NAME POSTAL CODE 02910 ANIZATIONAL ID #, if any 44356	SUFFIX COUNTRY USA

See Exhibit A attached hereto and incorporated herein by reference.

. ALTERNATIVE DESIGNATION [If applicable]:	LESSEE/LESSOR C	ONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN N	ON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		REAL 7. Check to REQUIDITIONAL F	EST SEARCH REPORT(S	on Debtor(s)	Debtors Debto	or 1 Debtor 2
OPTIONAL FILER REFERENCE DATA	with Dhodo Island	Coornetown of Ctata				

	C FINANCING	(front and back)	CAREFULLY					
			N RELATED FINANCING STA	TEMENT				
	9a. ORGANIZATION'S NA			· · · · · · · · · · · · · · · · · · ·			•	
	Jayco Enterprises, Inc.							
OR	96. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME,SUFFIX				
10. N	MISCELLANEOUS:		<u> </u>					
			•					
						PACE	IS FOR FILING OFFI	CE USE ONLY
	ADDITIONAL DEBTO		LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	late or combine names		 	
- 1	RJJJ ENTERPRI							
001	11b. INDIVIOUAL'S LAST			FIRST NAME		VIDO F	NAME	SUFFIX
	I I I I I I I I I I I I I I I I I I I	#MIN C		I CINO I NAME	ľ	MIDDLE NAME		
	MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY
	5 Purtnam Pike			Johnston		RI	02919	USA
			11a, TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	1 ·	11g. ORGANIZATIONAL ID #, if an		
			Limited liability co.	Rhode Island		000569148		
12.	ADDITIONAL SEC		S at ASSIGNOD S/D'S	NAME - insert only one name	/12a er 12h)		<u> </u>	
	12a. ORGANIZATION'S N		a M [] vooiouois ou s	ALTANE - Magazonik ozle name	(1280)			
OR	12b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
-				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
12c.	MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY
,	This FINANCING STATEM collateral, or is filed as a Description of real estate:	_ ⊔	ber to be cut or as-extracted	16. Additional collataral descri	ption:		-	
	Name and address of a RE (if Debtor does not have a		above-described real estate	17. Check only if applicable and Debtor is a Trust or Trust	· ·	pect to p	roperty held in trust or	Decedent's Estat
			above-described real estate		rustee acting with rest	pect to p	roperty held in trust or	Decedent's Estat
			above-described real estate	Debtor is a Trust or	rustee acting with rest d check only one box.	pect to p	roperty held in trust or	Decedent's Esta
			above-described real estate	Debtor is a Trust or 18. Check only if applicable an	Trustee acting with resp d check <u>only</u> one box. GUTILITY			Decedent's Estat

JCC FINANCING STOLLOW INSTRUCTION		ADDITIONAL PARTY	'					
		N RELATED FINANCING ST	ATEMENT					
19a. ORGANIZATION'S I								
Jayco Enterpri	ises, Inc.							
196. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME, SUFFIX					
0. MISCELLANEOUS:								
				THE ABOVE S	PACE I	S FOR FILING OFFICE U	SE ONLY	
21. ADDITIONAL DEBT(21s. ORGANIZATION'S		LEGAL NAME - insert only one	name (21a or 21b) - do not abbrevia	te or combine names				
RT 44 FOOD	MART, INC.							
OR 216. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIODLE 1	(AME	SUFFIX	
21c. MAILING ADDRESS			слу		STATE	POSTAL CODE	COUNTRY	
135 Purtnam Pike		216, TYPE OF ORGANIZATION	Johnston 211, Jurisdiction of Organi	1	RI	02919 ANIZATIONAL ID #, if any	USA	
21d. <u>SEEINSTROUTIONS</u>	ORGANIZATION DEBTOR	Corporation	Rhode Island	,	00056		NONE	
22. ADDITIONAL DEBT	OR'S EXACT FUL		name (22s or 22b) - do not abbrevia	te or combine names				
22a. ORGANIZATION'S	NAME				-			
OR 225, INDIVIDUAL'S LAS	TNAME		FIRST NAME	_ 	MIDDLE N	JAME	SUFFIX	
225. Hybridge Eric						<u>-</u>		
22c. MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY	
22d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	22a, TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANI	ZATION	22g. ORG	SANIZATIONAL ID #, if any	I	
23. ADDITIONAL DEBT	OR'S EXACT FUL	LEGAL NAME - insert only one	name (23a or 23b) - do not abbrevia	te or combine names				
23a, ORGANIZATION'S	NAME							
OR 236. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
23c. MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY	
23d. SEEINSTRUCTIONS	ORGANIZATION `	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANI	ZATION	23g. ORG	SANIZATIONAL ID #, if any		
24. ADDITIONAL SECU	DEBTOR RED PARTY'S N	AME (or Name of TOTAL ASSIGN	EE) - insert only <u>one</u> name (24a or 2	4b)	-		NONE	
24a. ORGANIZATION'S						· · · · · · · · · · · · · · · · · · ·		
OR 24b. INDIVIDUAL'S LAS	24b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX		
24c. MAILING ADDRESS	4c. MAILING ADDRESS				STATE	POSTAL CODE	COUNTRY	
OF ADDITIONAL SECUL	DED DADTVIC N	AME (a)			_		<u> </u>	
25. ADDITIONAL SECU 25a. ORGANIZATION'S	NAME	MME (or Name of TOTAL ASSIGN	EE) - insert only <u>one</u> name (25a or 2	DD)				
OR 256. INDIVIDUAL'S LAS	Thianas		Important		LADD' E	Jahar	Terreno	
SD. INCIVIDUAL'S LAS	NAME		FIRST NAME		MIDDLE	NAME:	SUFFIX	
25c. MAILING ADDRESS			СПҮ		STATE	POSTAL CODE	COUNTRY	
			ı			1	i .	

FILING OFFICE COPY -- UCC FINANCING STATEMENT ADDITIONAL PARTY (FORM UCC1AP) (REV. 05/22/02)

EXHIBIT A

DEBTORS: JAYCO ENTERPRISES, INC.
BJ ENTERPRISES, LLC
RJJJ ENTERPRISES, LLC
RT 44 FOOD MART, INC.

SECURED PARTY: INDEPENDENCE BANK

COLLATERAL MEANS:

- A. ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- B. ALL PASSENGER AND COMMERCIAL MOTOR VEHICLES REGISTERED FOR USE UPON PUBLIC HIGHWAYS OR STREETS, NOW OWNED OR HEREINAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS, EQUIPMENT AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- C. ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED.
- D. ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING.
- E. ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED.