SEND ACKNOWLEDGEME	NT TO: (Name and	Address) 5909 BANK OF	AMERICA				
CT Lien Solutions 3057202			24				
P.O. Box 2907	71						
Glendale, CA	91209-9071	RIRI					
_				THE A DOVE COACE	16 COD C	I INO OFFICE DEE ONLY	
EBTOR'S EXACT FULL	. LEGAL NAME -	insert only one debtor name (1a o	r 1b) - do not a	· · · · · · · · · · · · · · · · · · ·	15 FUR FI	LING OFFICE USE ONLY	
Power Solutions I	LLC						
1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
mailing address 4 Cutler Street, Unit 12				CITY Warren		POSTAL CODE 02885	COUNTRY
ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION LLC			1f. JURISDICT	ION OF ORGANIZATION RI	1g. ORG	XNONE	
DDITIONAL DEBTOR'S	EXACT FULL LE	GAL NAME - insert only one deb	tor name (2a o	or 2b) - do not abbreviate or com	nbine nan	nes	
2a. ORGANIZATION'S NA	ME						
2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
c. MAILING ADDRESS			СІТУ		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DESTOR			2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
	ME (or NAME of 7	TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert o	only one secured party name (3	a or 3b)	· · ·	
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
c. MAILING ADDRESS 1075 Main Street			CITY Waltham		STATE MA	POSTAL CODE 02451	COUNTRY
nis FINANCING STATEMEN	NT covers the followi	ng collateral:	<u> </u>		<u>. </u>		
truments, deposit acc	counts, letter of	credit rights, payment intang	ibles and ge	neral intangibles, including	all amo	unts due to the Pledgo	r from a factor:
nts to payment of more	r.(b) All invento	ry, including all materials, wo	rk in proces:	s and finished goods.(c) Al	ll machir	on sale or lease, resu nery, furniture, fixtures ent described in the atta	and other
	CT Lien Solut P.O. Box 290' Glendale, CA EBTOR'S EXACT FULL 1a. ORGANIZATION'S NA Power Solutions I 1b. INDIVIDUAL'S LAST N MAILING ADDRESS Cutler Street, Unit 12 SEE INSTRUCTIONS DDITIONAL DEBTOR'S 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST N MAILING ADDRESS EEURED PARTY'S NA 3a ORGANIZATION'S NA Bank of America, 3b. INDIVIDUAL'S LAST N MAILING ADDRESS 75 Main Street et following described fruments, deposit acceptances.	CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 EBTOR'S EXACT FULL LEGAL NAME - 1a. ORGANIZATION'S NAME Power Solutions LLC 1b. INDIVIDUAL'S LAST NAME MAILING ADDRESS CUtler Street, Unit 12 SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME ANALING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR CORGANIZATION DEBTOR BANK OF AME (OF NAME OF SAME OF NAME OF SAME OF NAME) BANK OF AMERICA, N.A. 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 75 Main Street AST INANCING STATEMENT covers the following described property now of truments, deposit accounts, letter of the same o	CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 RIRI EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a of 1a. ORGANIZATION'S NAME Power Solutions LLC 1b. INDIVIDUAL'S LAST NAME MAILING ADDRESS Cutter Street, Unit 12 EEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS EEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR'S PAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR DEBTOR ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR DEBTOR Bank of America, N.A. 3b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 75 Main Street 1c. TYPE OF ORGANIZATION DEBTOR 2c. TYPE OF ORGANIZATION DEBTOR CORGANIZATION'S NAME Bank of America, N.A. 3b. 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SELLER/BUYER

BAILEE/BAILOR

Check to REQUEST SEARCH REPORT(S) on Debtor(s)

AG. LIEN

All Debtors

NON-UCC FILING

Dehtor 2

Debtor 1

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL

CONSIGNEE/CONSIGNOR

(ADDITIONAL FEEL

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR

8. OPTIONAL FILER REFERENCE DATA

30572024

UCC FINANCING STATEMENT

OR

OR

A. NAME & PHONE OF CONTACT AT FILER [optional]

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Phone: (800) 331-3282 Fax: (818) 662-4141