

**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	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	33042134  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 MARTIN DISTRIBUTION CO LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 64 DALE AVENUE		CITY CRANSTON	STATE RI	POSTAL CODE 02910
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION LLC	1f. JURISDICTION OF ORGANIZATION RI
			1g. ORGANIZATIONAL ID #, if any 000787664	<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
				COUNTRY
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 135 S. LASALLE STREET IL4-135-10-12		CITY CHICAGO	STATE IL	POSTAL CODE 60603
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

ANY AND ALL RIGHTS THAT THE DEBTOR MAY HAVE OR ACQUIRE UNDER OR PURSUANT TO THAT CERTAIN DISTRIBUTOR AGREEMENT BETWEEN S-L ROUTES, LLC AND DEBTOR, DATED ON OR ABOUT APRIL 29, 2012 AND ANY RESTATEMENT, AMENDMENT, MODIFICATION OF SAME, AND ANY AND ALL ACCESSIONS, REPLACEMENTS, ADDITIONS, AND ALL CASH OR NON-CASH PROCEEDS (INCLUDING INSURANCE PROCEEDS), TO OR OF THE FOREGOING.

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

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