

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11033 - SUSQUEHANNA	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	49729571 RIRI
File with: Secretary of State, RI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME 275 WEST NATICK ROAD, LLC						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 275 WEST NATICK ROAD			CITY WARWICK	STATE RI	POSTAL CODE 02886	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME SUSQUEHANNA COMMERCIAL FINANCE, INC.						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 2 COUNTRY VIEW ROAD, SUITE 300			CITY MALVERN	STATE PA	POSTAL CODE 19355	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

GOODS, SOFTWARE AND EQUIPMENT FINANCED BY SECURED PARTY THROUGH "PURCHASE MONEY" OR LEASE TRANSACTIONS (COLLECTIVELY, "SCF FINANCED GOODS") WHETHER NOW EXISTING OR HEREFTER IN EXISTENCE, BEING EITHER:

A. GOODS WHICH ARE THE SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR

B. GOODS ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT PROVIDED BY SECURED PARTY.

SCF FINANCED GOODS SHALL INCLUDE, WITHOUT LIMITATION:

(I) VEHICLES, TOOLS, AND APPLIANCES;

(II) THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRIPTION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLAR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAYS, MATERIAL HANDLING/LIFTS, RESTAURANT, GAMING EQUIPMENT, PARTY AND OFFICE EQUIPMENT AND MACHINERY;

(III) ALL SUBSTITUTIONS AND REPLACEMENTS FOR THE FOREGOING ITEMS, AND ACCESSIONS THERETO, ATTACHMENTS, AND OTHER ADDITIONS TO SUCH SCF FINANCED GOODS, ALL PRODUCTS AND ALL PROCEEDS THEREOF (INCLUDING INSURANCE PROCEEDS);

(IV) ALL SOFTWARE RELATED TO THE SCF FINANCED GOODS.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

49729571

146419

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME

275 WEST NATICK ROAD, LLC

OR 18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR 19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR 20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR 21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

KEYSTONE LEASING SERVICES, L.L.C.

OR 22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

105 FAIRWAY TERRACE

MT. LAUREL

NJ

08054

USA

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR 23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS: 49729571-RI-0 11033 - SUSQUEHANNA COMMERCIAL KEYSTONE LEASING SERVICES, File with: Secretary of State, RI 146419