| _ |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

| 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   | <u>'</u>   |  |  |  |  |   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |  |  |  |  |   |
| CT Lien Solutions 51762<br>P.O. Box 29071  | 2859   |  |  |  |  |   |
| Glendale, CA 91209-9071 RIRI   |  |  |  |  |  |   |
|  |  |  |  |  |  |   |
| File with: Secretary of State, RI  |  | THE ABOVE SPA  |  |  |  |   |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full   | name; do not omit, mod   | ify, or abbreviate any part of   | the Debtor   | 's name); if any   | part of the Ind  | ividual Debtor's  |
| name will not fit in line 1b, leave all of item 1 blank, check here and provide to  [1a. ORGANIZATION'S NAME]  | he Individual Debtor inf   | ormation in item 10 of the Fin   | ancing Sta   | itement Addendi  | ım (Form UCI   | C1Ad)   |
| Kents Jewelry, Inc.  |  |  |  |  |  |   |
| OR 1b, INDIVIDUAL'S SURNAME  | FIRST PERSONAL NA  |  | LADDITIO   | MAL NAME/O\SAUT  | 1A1 (O)  | PUEEN   |
|  | FIRST PERSONAL NA  | AC.  | ADDITIONAL NAME(S)/IN  |  | IAL(S)   | SUFFIX  |
| 1c. MAILING ADDRESS  | CITY   |  | STATE  | POSTAL CODE  |  | COUNTRY   |
| 8 Industrial Ln  | Johnston   |  | RI   | 02919  |  | USA   |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full in  | name; do not omit, mod   | ify, or abbreviate any part of   | the Debtor   | 's name); if any   | part of the Ind  | ividual Debtor's  |
| name will not fit in line 2b, leave all of item 2 blank, check here and provide to 2a. ORGANIZATION'S NAME   | ne individual Deptor Int   | ormation in item 10 of the Fin   | ancing Sta   | itement Addendu  | ım (Form UC)   | C1Ad)   |
| Kents Jewelry  |  |  |  |  |  |   |
| OR 2b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAI   | AF   | LADDITIO   | VAL NAME(S)/INIT   | IAI (S)  | SUFFIX  |
|  |  | <del>,_</del>  | 1,05,110   | D C I W WILL (O F H I I I  | J-2(0)   | 30111X  |
| 2c. MAILING ADDRESS  | сту  |  | STATE  | POSTAL CODE  |  | COUNTRY   |
| 8 Industrial Ln  | Johnston   |  | RI   | 02919  |  | USA   |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU  |  | only one Secured Party nam   |  |  |  | OOA   |
| 3a. ORGANIZATION'S NAME  |  |  | (0.000   | <del>.</del>   | · <u>.</u>   |   |
| C T Corporation System, as representative  |  |  |  |  |  |   |
| OR 36. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NA  | ME   | ADDITIONAL NAME(S)/INITIAL(S)  |  |  | SUFFIX  |
|  |  |  |  |  |  |   |
| 3c. MAILING ADDRESS  | CITY   |  | STATE  | POSTAL CODE  |  | COUNTRY   |
| 330 N Brand Blvd, Suite 700; Attn: SPRS  | Glendale   |  | CA   | 91203  |  | USA   |
| 4. COLLATERAL: This financing statement covers the following collateral: NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR A THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCU WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANG DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTAN TO ANY PROCEEDS THEROF RECEIVED BY SUCH ENTITY.  | JMBERING OF W<br>CER IN THE EVEN   | HICH MAY CONSTITU<br>IT THAT ANY ENTITY  | TE THE   | TORTIOUS   | INTERFER   | RENCE<br>TEREST IN  |
| Accounts, accounts receivable, contracts, real property leases, not other forms of obligations at any time owing to the Grantor arising of and all of Grantor's rights with respect to any goods represented the unpaid vendor or lienor, including rights of stoppage in transit and of with all customer lists, books and records, ledger and account cards hereafter created, relating thereto (collectively referred to hereinafte inventory, including without limitation, all goods manufactured or act finished merchandise, findings or component materials, and all supused or consumed in the operation of the business of Grantor or with thereof, in which Grantor now or at any time hereafter may have an exclusive occupancy or possession of Grantor or is held by Grantor | out of goods sold of<br>ereby, whether or<br>of recovering possi-<br>s, computer tapes<br>er as "Receivables<br>equired for sale or<br>plies, goods, incid-<br>nich may contribut<br>interest, whether | r leased or for services<br>not delivered, goods re<br>ession by proceedings<br>software, disks, printo<br>");<br>ease, and any piece grentals, office supplies,<br>to the finished productor not the same is in tra | rendered by including uts and poods, raw packagirst or to the ansit or i | ed by Grantor y customers g replevin and records, where w materials, which are sale, prome n the constru | the proce<br>and all right<br>reclamation<br>ther now in<br>work in proce<br>and any an<br>otion and s | eds thereof<br>its as an<br>on, together<br>existence or<br>cess and<br>d all items<br>shipment |
|  | (see UCC1Ad, item 17   |  |  |  |  | Representative  |
| 6a. Check only if applicable and check only one box:   |  |  |  | if applicable and  |  |   |
| Public-Finance Transaction Manufactured-Home Transaction   | A Debtor is a Tra  | ! _  |  | ural Lien  | Non-UCC F  |   |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor C  | onsignee/Consignor   | Seller/Buyer   | Baik   | ee/Bailor  | License  | e/Licensor  |
| 8. OPTIONAL FILER REFERENCE DATA:<br>51762859  |  |  |  |  |  |   |
|  |  |  |  | Prepared by C  | T Lien Solutions   | P.O. Box 29071  |

## **UCC FINANCING STATEMENT ADDENDUM**

**FOLLOW INSTRUCTIONS** 9. 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 Kents Jewelry, Inc. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME 11a, ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Goods, including without limitation, all machinery, equipment, parts, supplies, apparatus, appliances, tools, fittings, furniture, furnishings, fixtures and articles of tangible personal property of every description now or hereafter owned by the Grantor or in which Grantor may have or may hereafter acquire any interest, at any location (collectively referred to hereinafter as "Equipment"); General intangibles in which the Grantor now has or hereafter acquires any rights, including but not limited to, causes of action, corporate or business records, inventions, designs, patents, patent applications, trademarks, trademark registrations and applications therefor, goodwill, trade names, trade secrets, trade processes, copyrights, copyright registrations and applications therefor, licenses, permits, franchises, customer lists, computer programs, all claims under guaranties, tax refund claims, rights and claims against carriers and shippers, leases, claims under insurance policies, all rights to indemnification and all other intangible personal property and intellectual property of every kind and nature (collectively referred to hereinafter as "Intangibles"): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS: 51762859-RI-0 C T Corporation System, as File with: Secretary of State, RI

## **UCC FINANCING STATEMENT ADDENDUM**

| FOLLOW INSTRUCTIONS   |                                 |                |                   |                     |                    |             |                 |                   |
|---|---------------------------------|----------------|-------------------|---------------------|--------------------|-------------|-----------------|-------------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on   |                                 | b was left b   | lank              |                     |                    |             |                 |                   |
| because Individual Debtor name did not fit, check here  | :                               |                |                   |                     |                    |             |                 |                   |
| 9a, ORGANIZATION'S NAME   |                                 |                |                   |                     |                    |             |                 |                   |
| Kents Jewelry, Inc.   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
| OR ON INDRUBIAN IS CHENIANS   |                                 |                |                   |                     |                    |             |                 |                   |
| 9b. INDIVIDUAL'S SURNAME  |                                 |                |                   |                     |                    |             |                 |                   |
| CONT. OFFICE VI. N. M. T.   |                                 |                |                   |                     |                    |             |                 |                   |
| FIRST PERSONAL NAME   |                                 |                |                   |                     |                    |             |                 |                   |
| APPETIONIAL MANAGE (CVANTIAL (C)  |                                 |                | SUFFIX            |                     |                    |             |                 |                   |
| ADDITIONAL NAME(S)INITIAL(S)  |                                 |                | SUFFIX            |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 | E USE ONLY        |
| 10. DEBTOR'S NAME: Provide (10a or 10b) only one  |                                 |                |                   | ine 1b or 2b of the | Financing S        | tatement (F | orm UCC1) (use  | exact, full name; |
| do not omit, modify, or abbreviate any part of the Debto  | rs name) and enter the mailing  | ig address in  | line 10c          |                     |                    |             |                 |                   |
| ISB. CHONNETTON CHANGE  |                                 |                |                   |                     |                    |             |                 |                   |
| OR 10b. INDIVIDUAL'S SURNAME  | <del> </del>                    | -              |                   |                     |                    |             |                 |                   |
| Too. No. 100 E O OO I WALL  |                                 |                |                   |                     |                    |             |                 |                   |
| INDIVIDUAL'S FIRST PERSONAL NAME  |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |                                 |                | ··                |                     |                    |             |                 | SUFFIX            |
| ######################################  |                                 |                |                   |                     |                    |             |                 | 1991              |
| 10c. MAILING ADDRESS  |                                 | CITY           |                   |                     | STATE              | POSTAL C    | ODE             | COUNTRY           |
|   |                                 |                |                   |                     | JOINIE .           | 1.001.720   | ODE             | COOKIN            |
|   |                                 |                |                   |                     |                    |             |                 |                   |
| 11. ADDITIONAL SECURED PARTY'S NAME  11a. ORGANIZATION'S NAME   | or ∐ ASSIGNOR                   | SECURE         | DPARIYS           | IAME: Provide or    | nly <u>one</u> nam | e (11a or 1 | 1b)             |                   |
| Tra. Originalizations travile   |                                 |                |                   |                     |                    |             |                 |                   |
| OR 11b. INDIVIDUAL'S SURNAME  | 16                              | RST PERSO      | AIAI MAME         |                     | LADDITIO           | NAL NAME(S  | NAUTIAL (D)     | SUFFIX            |
| 10. 10.000.000.0000.0000.0000.0000.0000   | <b>"</b>                        | 110112100      | TOL TOURL         |                     | ADDITIO            | THE PERMICA | pyman metay     | SUFFIX            |
| 11c, MAILING ADDRESS  | -                               | HTY.           |                   |                     | STATE              | POSTAL C    | ODE             | COUNTRY           |
| THE REPORT OF THE PROPERTY OF |                                 |                |                   |                     | JOIN E             | FOSTAL O    | ODE             | COUNTRY           |
| 40 ADDITIONAL ORACE FOR ITEMA (O. W   |                                 |                | -                 |                     |                    | <u> </u>    |                 |                   |
| <ol> <li>ADDITIONAL SPACE FOR ITEM 4 (Collateral):</li> <li>All the capital stock, bonds, notes, partnership</li> </ol>   | interests member inter          | rests in lin   | nited liability   | companies ar        | nd other e         | ocuritios   | if any held o   | of record or      |
| beneficially by the Grantor, including without I  | imitation the capital stoc      | k of all su    | bsidiaries of     | the Grantor, a      | nd the Gr          | antor's in  | terests in all  | securities        |
| brokerage accounts (collectively referred to he   | ereinafter as "Investmen        | nts");         |                   |                     |                    |             |                 |                   |
| All cash on hand and on deposit in banks, trus<br>"cash equivalents" (collectively referred to her  | st companies and similar        | r institutio   | ns, and all p     | roperty accoun      | ited for in        | the Grant   | tor's financial | statements a      |
| All accessions to, substitutions for and all repl   | acements, products and          | d proceed:     | s of the Rece     | eivables. Inven     | torv. Equi         | pment. In   | tangibles. Inv  | estments and      |
| Cash (collectively referred to hereinafter as "C  | Collateral"), including with    | hout limita    | ation proceed     | ds of insurance     | policies i         | nsuring th  | ne Coliateral:  | and               |
| Books and records relating to any of the Colla<br>computer materials and records of the Granto  |                                 |                |                   | ta, credit files,   | computer           | program     | s, printouts, a | and other         |
|   |                                 |                | -                 |                     |                    |             |                 |                   |
| 13. This FINANCING STATEMENT is to be filed [for REAL ESTATE RECORDS (if applicable)  | record] (or recorded) in the 14 |                |                   | _                   |                    |             | _               |                   |
|   |                                 |                | rs timber to be   |                     | s-extracted        | collateral  | is filed as a   | fixture filing    |
| 15. Name and address of a RECORD OWNER of real es<br>(if Debtor does not have a record interest):   | tate described in item 16       | 6. Description | on of real estate | <b>:</b> :          |                    |             |                 |                   |
| ,   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
|   |                                 |                |                   |                     |                    |             |                 |                   |
| 17 MISCELL ANEOUS: 51762859-RL0   |                                 |                |                   |                     |                    |             |                 |                   |