

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Corporation Service Company 1-800-858-5294  |  |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscinfo.com  |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>110835092 - 377170<br>Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703-4261<br><br>Filed In: Rhode Island<br>(S.O.S.) |  |

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 KODIAK TRUCKING, INC. |                          |                     |                               |  |
| OR  | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                                 |
| 1c. MAILING ADDRESS                           | 37 Haywood St            | CITY<br>Asheville   | STATE<br>NC                   | POSTAL CODE<br>28801<br>COUNTRY<br>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<br>Reece  | FIRST PERSONAL NAME<br>Justin | ADDITIONAL NAME(S)/INITIAL(S)<br>Charles | SUFFIX                                 |
| 2c. MAILING ADDRESS     | 2030 Saxapahaw-Bethlehem Church Rd | CITY<br>Graham                | STATE<br>NC                              | POSTAL CODE<br>27253<br>COUNTRY<br>USA |

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 FleetOne Factoring, LLC |                          |                     |                               |  |
| OR  | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                                 |
| 3c. MAILING ADDRESS                             | 613 Bakertown Rd         | CITY<br>Antioch     | STATE<br>TN                   | POSTAL CODE<br>37013<br>COUNTRY<br>USA |

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

"All assets of the debtor, now owned or hereinafter acquired, and all proceeds thereof, wherever located."

|   |  |  |  |  |
|---|--|--|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |  |  |  |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            |  |  | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor |  |  |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:   |  |  |  |  |

110835092