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	•				
LICC FINANCING STATEMENT					
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-8	58-5294	7			
B. E-MAIL CONTACT AT FILER (optional)	30-0294	-			
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
mingacks@cscinto.co	om –				
Corporation Service Company	•				
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Rhode Island				
opinigheid, 12 02700	(S.O.S.)				
	`			OR FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blank, check here	(use exact, full name; do not om and provide the Individual Del				
1a. ORGANIZATION'S NAME Undercar South, LLC					
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSON	CAL NIABAT	LADDITI	ANNAL BRANGE FOR HAUTTAL FOR	Toursey.
IB. INDIVIDUAL S SURNAME	FIRST PERSON	NAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 721 Kingstown Road	сіту South Kin	gstown	STATE RI	POSTAL CODE 02879	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b)					
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	and provide the Individual Det	otor information in item 10 of t	he Financing St	atement Addendum (Form U	CC1Ad)
28. ONGANIZATION S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
c. MAILING ADDRESS	CITY	- Area Could have	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SIGNOR SECURED PARTY): P	rovide only one Secured Party	name (3a or 3)))	
3a. ORGANIZATION'S NAME Citizens Bank, N.A.	7			4	
DR 36 INDIVIDUAL'S SURNAME	FIRST PERSON	DNAL NAME ADDITIONAL NAME(S)/INIT		NAL NAME(S)/INITIAL(S)	SUFFIX
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 122, 7, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 10, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	
ac. MAILING ADDRESS One Citizens Plaza	CITY Providence	e	STATE RI	POSTAL CODE 02903	COUNTRY
4. COLLATERAL: This financing statement covers the following col			131	02300	UUA
All personal property of Debtor of every kin	d and nature, where	ver located, wheth	er now ow	ned or hereafter a	acquired,
including without limitation, the following ca					
Commercial Code: goods (including inventor					
instruments (including promissory notes), d					
paper (whether tangible or electronic), depo					
evidenced by a writing), commercial tort cla					
(including payment intangibles and software	e), supporting obliga	tions and any and	all record	s of, accessions to	and
products and proceeds of the foregoing.					
Any term used herein which is defined in ei	ther (i) Article O of th	o Uniform Commo	roial Cada	oo in offeet in the	
jurisdiction in which this financing statemen					
authenticated or (ii) Article 9 of the Uniform					
	ield in a Trust (see UCC1Ad, iten			red by a Decedent's Persona	
a. Check only if applicable and check only one box.				f applicable and check only o	<u>`</u>
Public-Finance Transaction Manufactured-Home Tr	ansaction A Debtor is	a Transmitting Utility	Agricult	ural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lesso	r Consignee/Consig	nor Seller/Buyer	☐ Bai	lee/Bailor Licens	see/Licensor
B. OPTIONAL FILER REFERENCE DATA:					112004886

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 9a. ORGANIZATION'S NAME Undercar South, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING O

UCC FINANCING STATEMENT ADDENDUM

			1	,		INDIVIDUAL'S SURNAME	96. INC
			-			FIRST PERSONAL NAME	FIF
LISE ONLY	IS FOR FILING OFFICE U	OVE SPACE IS	THE ABOV	SUFFIX		ADDITIONAL NAME(S)/INITIAL(S)	AD
				or Debtor name that did not fit in	only <u>one</u> additional Debtor name of	BTOR'S NAME: Provide (10a or 10b) only or	10. DEBT
***				mailing address in line 10c	the Debtor's name; and enter the i	not omit, modify, or abbreviate any part of the Del	
							00
						. INDIVIDUAL'S SURNAME	OR 10b. IN
***	——————————————————————————————————————					INDIVIDUAL'S FIRST PERSONAL NAME	iNi
SUFFIX	· · · · · · · · · · · · · · · · · · ·		·		NITIAL(S)	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(INI
COUNTRY	POSTAL CODE	STATE P		CITY		ILING ADDRESS	10c. MAILIN
	ime (11a or 11b)	de only <u>one</u> name	'S NAME: Provide	OR SECURED PARTY'S	S NAME or ASSIGN	ADDITIONAL SECURED PARTY'S NAME.	
SUFFIX	NAL NAME(S)/INITIAL(S)	ADDITIONA	FIRST PERSONAL NAME			INDIVIDUAL'S SURNAME	OR 116. INC
	Tariz to an expyritor wherey	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
COUNTRY	POSTAL CODE	STATE PO		CITY		ILING ADDRESS	11c. MAILIN
						DITIONAL SPACE FOR ITEM 4 (Collateral):	10 100/T
oroperty r, all	particular item of p	x to any pa	ement cover	This financing state	of the two definitions.	inancing statement is filed, has in the more encompassing of the onal property of the Debtor. This FINANCING STATEMENT is to be filed [for recognitions or the content of	under the
fixture filing	collateral is filed as a fi	as-extracted colla	_	covers timber to be cu	re from recessary (or received) with the	REAL ESTATE RECORDS (if applicable)	
made many	<u></u>			16. Description of real estate:	al estate described in item 16	e and address of a RECORD OWNER of real esta btor does not have a record interest):	

17. MISCELLANEOUS: