

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1201 60616 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (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)

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|-------------------------|--------------------------|---------------------|-------------------------------|---------|
| 1a. ORGANIZATION'S NAME | Imperial Trucking LLC | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | 103 Verndale Ave | | CITY | STATE |
| | | | Providence | RI |
| | | | POSTAL CODE | COUNTRY |
| | | | 02905 | 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 | Corporation Service Company, as Representative | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | P.O. Box 2576 | | CITY | STATE |
| | uccsprep@cscinfo.com | | Springfield | IL |
| | | | POSTAL CODE | COUNTRY |
| | | | 62708 | USA |

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

All now existing and future Accounts of the Debtor/Seller that are purchased by Purchaser/Secured Party, and,

All assets of the Debtor, including, but not limited to, all now existing and future Accounts, Chattel Paper, Deposit Accounts, Inventory, Equipment, Instruments, Investment Property, Documents, Letter of Credit Rights, Commercial Tort Claims, General Intangibles, Supporting Obligations and any sums maintained by Purchaser that are identified as payable to Seller from the Reserve Account.

NOTICE - PURSUANT TO AN AGREEMENT BETWEEN DEBTOR/SELLER AND SECURED PARTY/PURCHASER, DEBTOR HAS AGREED NOT TO SELL ANY OF ITS ACCOUNTS TO ANY OTHER PARTY OR ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER SALE OR ENCUMBRANCE OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHTS.

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:

1201 60616