CC FINANCING STATEMENT DLLOW INSTRUCTIONS  NAME & PHONE OF CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  Key Capital Mortgage, Inc.	· 			
E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  Key Capital Mortgage, Inc.				
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Key Capital Mortgage, Inc.				
	7			
801 Lancaster Avenue Bryn Mawr, PA 19010				
	1			
	THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank, check here	full name; do not omit, modify, or abbreviate any	part of the Debtor	's name); if any part of the l	ndividual De
Ta. ORGANIZATION'S NAME	vide the Individual Debtor information in item 10 o	of the Financing Sta	atement Addendum (Form U	CC1Ad)
Jean Realty LLC				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
34-188 Atlantic Avenue	Providence	RI	02907	USA
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
		Jan. 12	OUTAL OODL	COOM
ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI	CURE BARTO. Devide and a con-			
3a ORGANIZATION'S NAME	ECURED PARTY): Provide only one Secured Pa	rty name (3a or 3b	}	<del></del>
3a. ORGANIZATION'S NAME Key Capital Mortgage, Inc.	ECURED PARTY): Provide only <u>one</u> Secured Pa	rty name (3a or 3b	)	
3a. ORGANIZATION'S NAME	FIRST PERSONAL NAME		IAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME  Key Capital Mortgage, Inc.  3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	
3a. ORGANIZATION'S NAME  Key Capital Mortgage, Inc.		ADDITION		SUFFIX

## 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 9a, ORGANIZATION'S NAME Jean Realty LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 eniter 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 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. XX This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 18 16. Description of real estate: (if Debtor does not have a record interest): 891-911 Broad Street Central Falls, RI 02863 184-188 Atlantic Avenue Providence, RI 02907 17. MISCELLANEOUS: