<u></u>					
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	m				
C OCUP ACCUSOM CROMENT TO ALL THE STATE OF T	SSTER BANK				
CT Lien Solutions 5945	2288				
P.O. Box 29071 Glendale, CA 91209-9071 RIRI	1				
1	1				
File with: Secretary of State, RI		THE ABOVE SPA	CE IS F	OR FILING OFFICE US	E ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full					
name will not fit in line 1b, leave all of item 1 blank, check here and provide  1a. ORGANIZATION'S NAME	the Individual Debtor	information in item 10 of the Fir	nancing Sta	atement Addendum (Form U	CC1Ad)
BEST FINANCIAL MORTGAGE SERVICES, INC.					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
108 PHENIX AVE	CRANSTON		RI	02920	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide					
2a. ORGANIZATION'S NAME	the individual Deptor	information in item 10 of the Fir	ancing Sta	itement Addendum (Form U	CC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY IN NAME OF ASSIGNEE OF ASSIGNEE OF ASSIGNEE OF ASSIGNEE OF ASSIGNEE OF ASSIGNOR SECURED PARTY IN NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY IN NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY IN NAME OF ASSIGNEE OF AS	URED PARTY): Provi	de only one Secured Party nam	ie (3a or 3i	D)	
Webster Bank, N.A.					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(SVINITIAL(S)	SUFFIX
				,,,,,	
3c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
436 Slater Road, NB 145 4. COLLATERAL: This financing statement covers the following collateral:	New Britain		СТ	06053	USA
	financing stateme uired or arising, a ling, without limit isurance refund of curities and other re, and general in rademark applica and mark and copyrigery kind and nature so or use property intangible) of the lings, plans, spec	ent covers all of the followind all proceeds and proceeds and proceeds and proceeds and proceeds and proceeds and all furniture, fixtures claims and all other insurativestment property, deptangibles, including, with transpibles, including, with the copyrights, computer programs, or pursuant to which (a) to (whether tangible or interpretations) and all recorded of fications and schematics.	ving proplucts the s, equipmance clai coosit account limits ights, co compute the Debts angible) data of a coordinate of a coo	perties, assets, and rigite reof: ment, raw materials, interest and proceeds, tort counts, rights to proceed ation, all tax refund clar pyright applications, rier software, engineering or operates or has author others; or (c) others ny kind or nature, regar	hts of the ventory, other claims, eds of letters ims, license ghts to sue g drawings, hority to possess, use ardless of the ER OR
6a. Check only if applicable and check only one box:		i <u> </u>	¬	f applicable and check <u>only</u>	one box:
Public-Finance Transaction Manufactured-Home Transaction		ransmitting Utility	Agricult		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor C 8. OPTIONAL FILER REFERENCE DATA;	Consignee/Consigno	Seller/Buyer	Baile	ee/Bailor Licens	see/Licensor
59452288 7995			475	50655808	

RI SOS Filing Number: 201718240030 Date: 6/26/2017 11:48:00 AM

## **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	nt; if line 1b was left b	lank				
9a. ORGANIZATION'S NAME						
BEST FINANCIAL MORTGAGE SERVICES, INC.						
OR 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(SYINITIAL(S)	<u></u>	SUFFIX				
	i				E IS FOR FILING OFF	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nan do not omit, modify, or abbreviate any part of the Debtor's name) and enter the			e 1b or 2b of the Fi	nancing S	tatement (Form UCC1) (us	se exact, full name
10a. ORGANIZATION'S NAME	<u>-</u>				<del></del>	
OR 10b. INDIVIDUAL'S SURNAME						
100. INDIVIDUAL 5 SURPAME						
INDIVIDUAL'S FIRST PERSONAL NAME					100	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	<del></del>				<del>-</del>	SUFFIX
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSI	GNOR SECURED	PARTY'S NA	ME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NIARAE		LADDITIO	ALAL ALARACTON MUTTAL (C)	Louery
THE REPORT OF STATEMENT	FIRST FERSON	AL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): INSTRUMENTS)WITHOUT THE AUTHORIZATION OF THE SI THE SECURITY AGREEMENT WITH THE DEBTOR (S). ALSO ORDINARY COURSE OF THE BUSINESS OF THE DEBTOR(S) SECURITY AGREEMENT WITH THE DEBTOR(S).	D ANY PAYMEN	T FROM A DI	EPOSIT ACCO	UNT OF	THE DEBTOR NOT	IN THE
<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)</li> </ol>	n the 14. This FINAL	NCING STATEM	ENT:			
15. Name and address of a RECORD OWNER of real estate described in item		timber to be cut	covers as-e	extracted	collateral is filed as	a fixture filing
(if Debtor does not have a record interest):	i io. Description	n of real estate:				
17. MISCELLANEOUS: 59452288-RI-0 7995 - WEBSTER BANK W	Vebster Bank, N.A.	Fil	e with: Secretary of St	ate, RI	7995 4750655808	