

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Corporation Service Company 1-800-858-5294
<b>B E-MAIL CONTACT AT FILER (optional)</b> SPRFiling@cscinfo.com
<b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> <div style="border: 1px solid black; padding: 5px;">                 1367 48684 - 9/27/2017                  Corporation Service Company                  801 Adlai Stevenson Drive                  Springfield, IL 62702                  Filed In: Rhode Island (S.O.S.)             </div>

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 <b>BAS REALTY CORP.</b>				
OR				
1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c MAILING ADDRESS <b>344 WASHINGTON</b>		CITY <b>SMITHFIELD</b>	STATE <b>RI</b>	POSTAL CODE <b>02917</b>
			COUNTRY <b>USA</b>	

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 <b>VFS Leasing Co.</b>				
OR				
3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c MAILING ADDRESS <b>P.O. Box 26131</b>		CITY <b>Greensboro</b>	STATE <b>NC</b>	POSTAL CODE <b>27402</b>
				COUNTRY <b>USA</b>

4 COLLATERAL This financing statement covers the following collateral:

2018 Volvo VHD84F Serial Number 4V5K99EH3JN890239, with the following attachments: 17' Bibeau BMT-S, together with all parts, accessories, attachments, substitutions, repairs, improvements and replacements and any and all cash and non-cash proceeds thereof, including, without limitation, insurance proceeds.

This is a precautionary filing for notice purposes only and is not intended to change the characterization of this transaction as a lease

The collateral set forth herein is within the scope of Article 9 of the Uniform Commercial Code as enacted in the state of this filing.

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 <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 <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessor/Lessor <input type="checkbox"/> Consignor/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailee <input type="checkbox"/> Licensee/Licensee				
8 OPTIONAL FILER REFERENCE DATA <b>500-7688658-002</b>				

1367 48684