UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)		1				
Phone: (800) 331-3282 Fax (818) 662-4141						
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolter	skluwer.com					
C. SEND ACKNOWLEDGMENT TO (Name and Address)		1				
Lien Solutions	70169991					
P.O. Box 29071 Glendale, CA 91209-9071	RIRI					
i 1	1					
File with: Secretary of State,	RI	THE ABOVE	SPACE IS FO	R FILING OFFIC	E 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 p	a:t of the Debtor's	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 Debt	or information in item 10 of t	he Financing Stat	ement Addendum (F	form UCC1Ad)	
18 ORGANIZATION'S NAME Hurd Brothers LLC						
OR 16 INDIVIDUAL'S SURNAME	FIRST PERSONA	I NAME	LADDITION	AL NAME(S)/INITIAL(S	S) SUFFIX	
				12.10.11.2(0)	,,	
to MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
48 Kerr Road	Portsmouth		RI	02871	USA	
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 Debt	or information in item 10 of t	he Financing Stat	ement Addendum (F	-orm UCC1Ad)	
28. ONOMINATION 3 RAME						
OR 25 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	AL NAME(S)/INITIAL(S	S) SUFFIX	
2c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SIGNOR SECURED PARTY) Pro	vide only one Secured Part	ly name (3a or 3b)		
C T Corporation System, as representative						
OR 36 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	IAL NAME(SYRVITIAL(S	S) SUFFIX	
•						
3c. MAILING ADORESS	מוזץ		STATE	POSTAL CODE	COUNTRY	
330 N Brand Blvd, Suite 700; Attn: SPRS	Glendale		CA	91203	USA	
4. COLLATERAL This financing statement covers the following co (a) any and all amounts owing to you now or in the futi (b) all Accounts; (c) all Chattel Paper (including Tangible Chattel Paper (d) all Instruments; (e) all Goods, including, without limitation, Equipment; (f) all Documents; (g) all General Intangibles (including, without limitation (h) all Deposit Accounts; (i) all Letter of Credit Rights; (j) all Investment Property; (k) all Supporting Obligations; (l) all trademarks, trade names, service marks, logos; U.S. Patent and Trademark Office ("USPTO") and all responses.	ure from any merchant proof r and Electronic Chattel Pa motor vehicles, Inventory, n, Payment Intangibles and and other sources of busine	per); Farm Products, Accessoftware); ess identifiers, and all	registrations, i			
(m) any records and data relating to any of the forego together with all of your right, title and interest in and to on electronic media; and (n) any and all proceeds of any of the foregoing, inclu-	ing, whether in the form of all computer software req	a writing, photograph, uired to utilize, create,	microfilm, mic maintain, and	d process any su	uch records or data	
	held in a Trust (see UCC1Ad, ite				Personal Representative	
6a Check only if applicable and check only one box.				applicable and che		
Public-Finance Transaction Manufactured-Home	Transaction A Deblor is	a Transmitting Utility	Agricultu	iral Lien No	n-UCC Filing	
7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Less	sor Consignee/Consig	nor Selfer/Buyer	Baile	ee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA						

RI SOS Filing Number: 201921181740 Date: 6/4/2019 1:57:00 PM

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 Hurd Brothers LLC OR 96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 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 enter the mailing address in line 10c 10a ORGANIZATION'S NAME OR 106 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 10c MAILING ADDRESS COUNTRY POSTAL CODE ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME. Provide only one name (11a or 11b) 11a ORGANIZATIONS NAME OR 116 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIAL(S) SUFFIX CITY 11c MAILING ADDRESS STATE POSTAL CODE COUNTRY 12 ADDITIONAL SPACE FOR ITEM 4 (Collateral) any of the foregoing, and sums due from a third party who has damaged or destroyed any of the foregoing or from that party's insurer, whether due to judgment, settlement or other process. You irrevocably authorize us and our Designees at any time and from time to time to file: (i) in any filing office in any jurisdiction any initial financing statements and amendments thereto that indicate the collateral therein as all of your assets or words of similar effect, regardless of whether such description is greater in scope than the collateral pledged to us hereunder; and (ii) such recordations, with the USPTO we deem necessary or desirable to evidence the security interest in IP described above For NJ residents only - This collateral description is within the scope of Article 9 as enacted by the state of New Jersey. 14. This FINANCING STATEMENT 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16. 16. Description of real estate (if Debtor does not have a record interest) 17 MISCELLANEOUS: 70169991 RI 0 C T Corporation System, as File with, Secretary of State, Rt