

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|-----------------------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | |
| B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | |
| C SEND ACKNOWLEDGMENT TO (Name and Address) | |
| 1656 73365 - 6/18/2019 CSC 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)

| | | | | |
|---|-------------------------|---------------------|-------------------------------|-------------|
| 1a ORGANIZATION'S NAME EUROPEAN CUSTOM CASEWORK, INC. | | | | |
| OR | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS | 473 ST. PAUL STREET | CITY | STATE | POSTAL CODE |
| | | NORTH SMITHFIELD | RI | 02896 |
| | | | | COUNTRY |
| | | | | 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 (c: NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|-------------------------|---------------------|-------------------------------|-------------|
| 3a ORGANIZATION'S NAME BIESSE AMERICA INC | | | | |
| OR | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS | PO BOX 19849 | CITY | STATE | POSTAL CODE |
| | | CHARLOTTE | NC | 28219 |
| | | | | COUNTRY |
| | | | | USA |

4 COLLATERAL This financing statement covers the following collateral

WOODWORKING MACHINERY
SERIAL:1000028463
SEKTOR 450 32X32

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 :EUROPEAN CUSTOM CASEWORK, INC. SEKTOR 450 32X32 1656 73365
OC:1900073049