RI SOS Filing Number: 201921871560 Date: 11/26/2019 11:28:00 AM UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** 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) filingacks@cscinio.com 1734 69501 CSC Springfield, IL 62703 Filed In Rhode Island (SOS) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 Debtor's name), if any part of the Individual Debtor's name will not fit in line 15, leave all of item 1 blank, check here 🔝 and provide the individual Debter information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 18 ORGAN ZATION'S NAME LAUNDROMAX-1294 PARK, LLC 16 INDIVIDUAL'S SURNAME IRST PERSONAL NAME ADD TIONAL NAME(S)/INITIAL(S) SUFFIX 1c MAILING ADDRESS 9777 QUEENS BLVD, STE 620 STATE POSTAL CODE COUNTRY **REGO PARK** NY 11374-3344 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 25 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/IN:TIAL(S) SUFFIX 2c MAI: ING ADDRESS STATE POSTAL CODE COUNTRY 3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only goe Secured Party name (3a or 3b) 38 ORGANIZATION'S NAME Alliance Laundry Systems, LLC 35 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDIT ONAL NAME(S)/INITIAL(S) SUFFIX 3c VAILING ADDRESS PO Box 990 CITY POSTAL CODE COUNTRY Ripon WI 54971 USA COLLATERAL THIS TIPPOROS SHIP HELL COVERS THE FOLLOWING COLLEGES AND BUSINESS ASSETS OF DEBTOR, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, WHICH EQUIPMENT IS FINANCED BY SECURED PARTY, INCLUDING WITHOUT LIMITATION ALL WASHERS AND DRYERS, WHETHER COIN-OR CARD-OPERATED OR CASHLESS: AND ALL OTHER ITEMS OF EQUIPMENT; INCLUDING WITHOUT LIMITATION, BULKHEADS, BOILERS, VENTING SYSTEMS, SOAP DISPENSERS, COIN AND BILL CHANGERS, CARTS, SEATING UNITS, FOLDING TABLES, VENDING MACHINES, GAME MACHINES, TELEVISIONS, SCALES, CONVEYOR SYSTEMS, STORAGE RACKS, CARD SYSTEMS, COMPUTERS AND SOFTWARE INCORPORATED INTO OR USED IN CONNECTION WITH ANY OF THE FOREGOING ITEMS, SPARE PARTS AND ATTACHMENTS, AND ALL LEASEHOLD IMPROVEMENTS TO THE FACILITIES (ALL OF THE FOREGOING BEING REFERRED TO HEREIN COLLECTIVELY AS THE EQUIPMENT), AND ALL PROCEEDS OF ANY OF THE FOREGOING TO SECURE THE PAYMENT OF ALL OBLIGATIONS OF DEBTOR UNDER ANY PROMISSORY NOTE OR INSTALLMENT NOTE EVIDENCING ANY LOAN OR ADVANCE MADE BY SECURED PARTY TO DEBTOR, ALL OBLIGATIONS OF DEBTOR HEREUNDER, AND ALL

5. Check only if applicable and check only one box. Collateral is the d in a Trust (see UCC1Ad, item 17 and Instructions).	being administered by a Decedent's Personal Representative
6a. Check goly if applicable and check goly one box	6b. Check only if applicable and check only one box
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agnouttural Lien Non-UCC Filing
7 ALTERNATIVE DESIGNATION (if applicable)	Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA: APPLICATION # 4750	1734 69501

OF

## UCC FINANCING STATEMENT ADDENDUM

OLLOWINSTRUCTIONS					
NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financial because individual Debtor name did not fit, check here.	ng Statement, if line 15 was left blank				
98 ORGAN ZATION'S NAME					
LAUNDROMAX-1294 PARK, LLC					
96 INDIVIDUAL'S SURNAME					
FIRS' PERSONAL NAME					
FIRS PERSUNAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
				S FOR FILING OFFICE	
DEBTOR'S NAME Provide (10a or 10b) only gate additional to not omit, modify or abbreviate any part of the Debtor's name; a	Debtor name or Debtor name that did not fit in his and enter the mailing address in line 10c.	ne 1b or 2b of the Fir	nancing S	Statement (Form UCC*) (use	exact ful nar
102 ORGANIZATIONS NAME					
3					
106 NOIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	1				
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	.,,,				SUFFIX
<u> </u>			STATE	POSTAL CODE	COUNTRY
c MAILING ADDRESS	CITY				
	ASSIGNOR SECURED PARTY'S	NAME Provide on	yy DCC us	ome (11a or 11b)	
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This FINANCING STATEMENT is to be filed (for record) (or refer as to applicable)  This FINANCING STATEMENT is to be filed (for record) (or refer as to applicable)  Name and address of a RECORD OWNER of real estate described	FIRST PERSONAL NAME  CITY  SECURED PARTY, HOWSOE'S BLUTE OR CONTINGENT, OR EIN COLLECTIVELY TO AS LI	VER CREATI NOW OR HI IABILITIES).	ADDITIO STATE ED, A EREA THIS	POSTAL CODE  RISING OR EVID  FTER EXISTING  IS A PURCHASE	COUNTRY  ENCED,  OR DUE  MONEY
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