

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: PATRICK@NEWPORTLAMPANDSHADE.COM

SEND ACKNOWLEDGEMENT TO

Contact name: U.S. SMALL BUSINESS ADMINISTRATION PROCESSING AND DISBURSEMENT CENTER ATTN: LEGAL DEPARTMENT,
RE: 2000086117

Mailing Address: 14925 KINGSFORT ROAD

City, State Zip Country: FORT WORTH, TX 76155-2243 USA

DEBTOR INFORMATION

Org. Name: THE NEWPORT LAMPSHADE COMPANY, INC.

Mailing Address: 22 FRANKLIN STREET

City, State Zip Country: NEWPORT, RI 02840 USA

SECURED PARTY INFORMATION

Org. Name: U.S. SMALL BUSINESS ADMINISTRATION

Mailing Address: 2 NORTH 20TH STREET, SUITE 320

City, State Zip Country: BIRMINGHAM, AL 35203 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

PLEASE SEE SECTION 4 ON THE ATTACHED DOCUMENT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) U.S. SMALL BUSINESS ADMINISTRATION PROCESSING AND DISBURSEMENT CENTER 14925 KINGSPORT ROAD FORT WORTH, TX 76155-2243 ATTN: LEGAL DEPARTMENT, RE: 2000086117

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 THE NEWPORT LAMPSHADE COMPANY, INC.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 22 FRANKLIN STREET		CITY NEWPORT	STATE RI	POSTAL CODE 02840 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 (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME U.S. SMALL BUSINESS ADMINISTRATION				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 2 North 20th Street, Suite 320		CITY Birmingham	STATE AL	POSTAL CODE 35203 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

The Collateral includes the following property that Borrower now owns or shall acquire or create immediately upon the acquisition or creation thereof: all tangible and intangible personal property, including, but not limited to: (a) inventory, (b) equipment, (d) instruments, including promissory notes (e) chattel paper, including tangible chattel paper and electronic chattel paper, (f) documents, (g) letter of credit rights, (h) accounts, including health-care insurance receivables and credit card receivables, (i) deposit accounts, (j) commercial tort claims, (k) general intangibles, including payment intangibles and software and (l) as-extracted collateral as such terms may from time to time be defined in the Uniform Commercial Code. The security interest Borrower grants includes all accessions, attachments, accessories, parts, supplies and replacements for the Collateral, all products, proceeds and collections thereof and all records and data relating thereto.

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:

International Association of Commercial Administrators (IACA)