

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) 11033 - BB&T	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	75938214 RIRI
File with: Secretary of State, RI	

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 S.D.S. DISPOSAL, INC.					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 175 shun pike		CITY johnston	STATE RI	POSTAL CODE 02919	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 BB&T Commercial Equipment Capital Corp.					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 2 Great Valley Parkway, SUITE 300		CITY MALVERN	STATE PA	POSTAL CODE 19355	COUNTRY USA

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

GOODS, SOFTWARE AND EQUIPMENT FINANCED BY SECURED PARTY THROUGH "PURCHASE MONEY" OR LEASE TRANSACTIONS (COLLECTIVELY, "CREDITOR FINANCED GOODS") WHETHER NOW EXISTING OR HEREAFTER IN EXISTENCE, BEING EITHER:

A. GOODS WHICH ARE THE SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR

B. GOODS ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT PROVIDED BY SECURED PARTY.

CREDITOR FINANCED GOODS SHALL INCLUDE, WITHOUT LIMITATION:

(I) VEHICLES, TOOLS, AND APPLIANCES;

(II) THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRIPTION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLAR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAYS, MATERIAL HANDLING/LIFTS, RESTAURANT, GAMING EQUIPMENT, PARTY AND OFFICE EQUIPMENT AND MACHINERY;

(III) ALL SUBSTITUTIONS AND REPLACEMENTS FOR THE FOREGOING ITEMS, AND ACCESSIONS THERETO, ATTACHMENTS, AND OTHER ADDITIONS TO SUCH SCF FINANCED GOODS, ALL PRODUCTS AND ALL PROCEEDS THEREOF (INCLUDING INSURANCE PROCEEDS);

(IV) ALL SOFTWARE RELATED TO THE CREDITOR FINANCED GOODS.

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 ☐ Bailor/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

75938214

215352

UCC FINANCING STATEMENT ADDITIONAL PARTY **FOLLOW INSTRUCTIONS**

18. 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 <input type="checkbox"/>	
18a ORGANIZATION'S NAME S.D.S. DISPOSAL, INC.	
OR	
18b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME Provide only <u>one</u> Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
19a ORGANIZATION'S NAME				
OR				
19b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	
19c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

20. ADDITIONAL DEBTOR'S NAME Provide only <u>one</u> Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
20a ORGANIZATION'S NAME				
OR				
20b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	
20c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME Provide only <u>one</u> Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
21a ORGANIZATION'S NAME				
OR				
21b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	
21c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input checked="" type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME Provide only <u>one</u> name (22a or 22b)				
22a ORGANIZATION'S NAME OAKMONT CAPITAL SERVICES LLC				
OR				
22b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	
22c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1398 WILMINGTON PIKE	WEST CHESTER	PA	19382	USA

23. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME Provide only <u>one</u> name (23a or 23b)				
23a ORGANIZATION'S NAME				
OR				
23b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	
23c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS 75938214 RI-0 11033 - BB&T Commercial Equ OAKMONT CAPITAL SERVICES LLC File with Secretary of State, RI 215352