

**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)	
2139 79084 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	filingacks@cscinfo.com  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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH				
OR				
1b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS 190 E MAIN RD, STE 3		CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842
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 CHEW PUBLISHING, INC				
OR				
2b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS 190 E MAIN RD, STE 3		CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842
COUNTRY USA				

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3c)

3a ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE				
OR				
3b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS PO Box 2576; UCCSPREP@cscglobal.com		CITY Springfield	STATE IL	POSTAL CODE 62708
COUNTRY USA				

4 COLLATERAL This financing statement covers the following collateral:

**ALL DEBTOR'S PRESENT AND FUTURE ACCOUNTS AND THE DIRECT AND INDIRECT PROCEEDS THEREOF. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.**

5 Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 7 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's 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

2139 79084

# 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  
**WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH**

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(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 **CHEW PUBLISHING, INC.**

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10c MAILING ADDRESS **190 E MAIN RD, STE 3** CITY **MIDDLETOWN** STATE **RI** POSTAL CODE **02842** COUNTRY **USA**

11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME

OR

11b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

11c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14 This FINANCING STATEMENT  covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)

16 Description of real estate

17 MISCELLANEOUS

# UCC FINANCING STATEMENT ADDENDUM

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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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED	
OR 9b INDIVIDUAL'S SURNAME SMART / SMART REAL ESTATE COACH	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 CHEW PUBLISHING INC.									
OR 10b INDIVIDUAL'S SURNAME									
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX					
10c MAILING ADDRESS	190 E MAIN RD, STE 3	CITY	MIDDLETOWN	STATE	RI	POSTAL CODE	02842	COUNTRY	USA

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9a ORGANIZATION'S NAME

WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED

SMART / SMART REAL ESTATE COACH

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ADDITIONAL NAME(S)/INITIAL(S)

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INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c MAILING ADDRESS 190 E MAIN RD, STE 3

CITY

MIDDLETOWN

STATE

RI

POSTAL CODE

02842

COUNTRY

USA

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ADDITIONAL NAME(S)/INITIAL(S)

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CITY

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SMART / SMART REAL ESTATE COACH	
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10a ORGANIZATION'S NAME COASTAL PROPERTIES, L.L.C.	
OR	
10b INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	

10c MAILING ADDRESS	190 E MAIN RD, STE 3	CITY	MIDDLETOWN	STATE	RI	POSTAL CODE	02842	COUNTRY	USA
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11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

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13  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

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covers number to be cut;  covers as-extracted collateral;  is filed as a fixture filing

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16. Description of real estate

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# UCC FINANCING STATEMENT ADDENDUM

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9a ORGANIZATION'S NAME WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED	
SMART / SMART REAL ESTATE COACH	
OR	
9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10 DEBTOR'S NAME Provide (10a or 10c) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form JCC1) (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 COMMONWEALTH INVESTMENT CORP.				
OR				
10b INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
190 E MAIN RD, STE 3	MIDDLETOWN	RI	02842	USA

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OR			
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			COUNTRY

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13 <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (* applicable)	14 This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing
15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)	16 Description of real estate

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# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED	
SMART / SMART REAL ESTATE COACH	
OR	
9b INDIVIDUAL'S SURNAME	
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10. DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1a or 2a 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 LJC HOLDINGS, LLC									
OR									
10b INDIVIDUAL'S SURNAME									
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX					
10c MAILING ADDRESS	190 E MAIN RD, STE 3	CITY	MIDDLETOWN	STATE	RI	POSTAL CODE	02842	COUNTRY	USA

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14. This FINANCING STATEMENT  covers timber to be cut;  covers as-extracted collateral;  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)

16. Description of real estate:

17. MISCELLANEOUS

# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH	
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10a ORGANIZATION'S NAME MAPPS, LLC					
OR					
10b INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
SUFFIX					
10c MAILING ADDRESS	190 E MAIN RD, STE 3	CITY	STATE	POSTAL CODE	COUNTRY
		MIDDLETOWN	RI	02842	USA

11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

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15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)	16 Description of real estate

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# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED	
SMART / SMART REAL ESTATE COACH	
OR	
9b INDIVIDUAL'S SURNAME	
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10a ORGANIZATION'S NAME PRE HOLDINGS, LLC					
OR					
10b INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c MAILING ADDRESS 190 E MAIN RD, STE 3		CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842	COUNTRY USA

11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME					
OR					
11b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT  covers timber to be cut,  covers as-extracted collateral,  is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)

16 Description of real estate

17. MISCELLANEOUS

# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH	
OR	
9b INDIVIDUAL'S SURNAME	
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10a ORGANIZATION'S NAME 601-605 MAC, LLC					
OR					
10b INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c MAILING ADDRESS 190 E MAIN RD, STE 3		CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842	COUNTRY USA

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**WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH**

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FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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10a ORGANIZATION'S NAME **GEORGE, LLC**

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10c MAILING ADDRESS **190 E MAIN RD, STE 3** CITY **MIDDLETOWN** STATE **RI** POSTAL CODE **02842** COUNTRY **USA**

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10a ORGANIZATION'S NAME	CTPPS, LLC			
OR	10b INDIVIDUAL'S SURNAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX

10c MAILING ADDRESS	190 E MAIN RD, STE 3	CITY	MIDDLETOWN	STATE	RI	POSTAL CODE	02842	COUNTRY	USA
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10a ORGANIZATION'S NAME BELLAMY PROPERTIES, LLC	
OR	
10b INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	

10c MAILING ADDRESS 190 E MAIN RD, STE 3	CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842	COUNTRY USA
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11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME			
OR			
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT  covers timber to be cut,  covers as-extracted collateral,  is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (\* Debtor does not have a record interest)

16 Description of real estate

17 MISCELLANEOUS

# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH	
OR	
9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(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 1a 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 NATIONAL PROPERTY TEAM					
OR					
10b INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
10c MAILING ADDRESS 190 E MAIN RD, STE 3		CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842	COUNTRY USA

11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME				
OR				
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13 <input type="checkbox"/> This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS (if applicable)	14 This FINANCING STATEMENT <input type="checkbox"/> covers timber to be cut, <input type="checkbox"/> covers as-extracted collateral, <input type="checkbox"/> is filed as a fixture filing
15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)	16 Description of real estate

17 MISCELLANEOUS

# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH	
OR	
9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(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 1a or 2a 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 PINNACLE RE GROUP, LLC	
OR	
10b INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c MAILING ADDRESS 190 E MAIN RD, STE 3	CITY MIDDLETOWN	STATE RI	POSTAL CODE 02842	COUNTRY USA
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11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME			
OR			
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13  This FINANCING STATEMENT is to be filed (for record), (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT  covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 6 (if Debtor does not have a record interest)

16 Description of real estate

17 MISCELLANEOUS

# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED SMART / SMART REAL ESTATE COACH	
OR 9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME:	
ADDITIONAL NAME(S)/INITIAL(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: CHEW PUBLISHING									
OR 10b INDIVIDUAL'S SURNAME									
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX					
10c MAILING ADDRESS	190 E MAIN RD, STE 3	CITY	MIDDLETOWN	STATE	RI	POSTAL CODE	02842	COUNTRY	USA

11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME									
OR 11b INDIVIDUAL'S SURNAME									
FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
11c MAILING ADDRESS		CITY		STATE		POSTAL CODE		COUNTRY	

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT  
 covers timber to be cut  covers as-extracted collateral  is filed as a future filing

15 Name and address of a RECORD OWNER of real estate described in item 15 (if Debtor does not have a record interest)

16 Description of real estate

17 MISCELLANEOUS

# 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 WICKED SMART, LLC / CHEW PUBLISHING, LLC DBA WICKED	
SMART / SMART REAL ESTATE COACH	
OR 9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(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 10b INDIVIDUAL'S SURNAME PREFONTAINE				
INDIVIDUAL'S FIRST PERSONAL NAME CHRISTOPHER				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) GEORGE				SUFFIX
10c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
203 TUCKERMAN AVE	MIDDLETOWN	RI	02842	USA

11  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME				
OR 11b INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13  This FINANCING STATEMENT is to be filed (for record, (or recorded), in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT  covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 15 (if Debtor does not have a record interest)

16 Description of real estate

17 MISCELLANEOUS