[redacted]

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) 8273 - THE CIT GROUP

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

85730032
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
FORGE ROAD CATERERS, INC.

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
195 Old Forge Road	EAST GREENWICH	RI	02818	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
FIRST-CITIZENS BANK & TRUST COMPANY

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
10201 Centurion Parkway N.	Jacksonville	FL	32256	USA

4. COLLATERAL This financing statement covers the following collateral

This is a True Lease. This UCC-1 Financing Statement is being filed for informational purposes only. All described collateral herein falls within the scope of Article 9 of the Uniform Commercial Code.

The collateral also includes all currently existing and future attachments, parts, accessories and add-ons for all of the foregoing equipment, and all products and proceeds thereof. - See equipment description attached.

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
85730032 1813117

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

Equipment Description:

Item No	Description	Serial No	Order
KMC4080	Konica Minolta AccurioPress C4080 A4 Color Print Prodcution 80ppm (Toner Not Inc) Spec	AC57011020229	1.00
AAMPWY1	Konica Minolta DF-713 Auto Duplex Document Feeder SPEC	AAMPWY1003584	1.00
ACCXWY1	Konica Minolta IM-101 Intelligent Media Sensor SPEC		1.00
KONI6600	Konica LR5402 Patlite Status Light SPEC		1.00
A55CWY2	Konica Minolta PF-707M Large Capacity Paper Feed Unit for C3080 Spec	A55CWY3003345	1.00
A4F3WY6	Konica Minolta FS-532M 100 Sheet Staple Finisher for KMC4065 SPEC	A4F3WY6003879	1.00
A9CEWY2	Konica Minolta RU-518M Relay Unit SPEC		1.00
A4F4WY1	Konica Minolta SD-510 Saddle Stitch Kit for FS532/KM951/1052/1250/1100 Spec		1.00
ACMKWY1	Konica Minolta VI-515 Video Interface for Controller SPEC		1.00
01001980A	Konica Minolta IC-16e Creo Image Controller SPEC		1.00