

UCC-1 Form

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

DEBTOR INFORMATION

Org. Name: **BEACON DISTRIBUTORS, INC.**

Mailing Address: **2611 BRONCOS HIGHWAY**

City, State Zip Country: **HARRISVILLE, RI 02896 USA**

SECURED PARTY INFORMATION

Org. Name: **FIRST WESTERN EQUIPMENT FINANCE**

Mailing Address: **100 PRAIRIE CENTER DRIVE**

City, State Zip Country: **EDEN PRAIRIE, MN 55344 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: 2296 00266

COLLATERAL

THIS FINANCING STATEMENT COVERS ANY AND ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY AND DESCRIBED IN OR SUBJECT TO:
AGREEMENT No. EFA13434801D TOGETHER WITH ALL SUBSTITUTIONS, REPLACEMENTS, ACCESSORIES, ACCESSIONS, RENT, REVENUE, INSURANCE AND
PROCEEDS RELATED TO THE EQUIPMENT DESCRIBED ON ABOVE AGREEMENT.