

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">                     Lien Solutions                      P.O. Box 29071                      Glendale, CA 91209-9071                 </div> <div style="width: 35%; text-align: center;">                     87603389                      RIRI                 </div> </div>	
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 <b>BAYCO ENTERPRISES, INC.</b>				
OR	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS		CITY	STATE	POSTAL CODE
128 COWESETT AVE		WEST WARWICK	RI	02893
				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 ASSIGNOR of ASSIGNOR SECURED PARTY):** Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME <b>C T CORPORATION SYSTEM, AS REPRESENTATIVE</b>				
OR	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS		CITY	STATE	POSTAL CODE
330 N Brand Blvd, Suite 700; Attn: SPRS		Glendale	CA	91203
				COUNTRY USA

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

This filing covers the following properties, assets and rights of Debtor, whether now owned or hereafter acquired (collectively the "Collateral"): (a) all personal property described below or on any exhibit attached hereto, which exhibit is incorporated by reference herein ("Specified Items"); (b) any and all additions, replacements, parts, or accessories to the Specified Items; (c) any rental, chattel paper, accounts, security deposits, relating to the Specified Items or the Agreement; and (d) all proceeds of any and all of the foregoing. In the event serial numbers, vehicle identification numbers or similar information is included below, on an exhibit attached hereto or otherwise in the description of Collateral, such information has been added by Secured Party to the best of its information in an effort to avoid confusion but is not intended to, and shall not, limit the above description of Collateral.

Collateral Equipment Exhibit 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  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable)  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailor/Bailee  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

87603389

**EFA Schedule "A"**

Contract #: 395996

<b>EQUIPMENT</b>			
<b>Quantity</b>	<b>Equipment Description</b>	<b>Serial #</b>	<b>Supplier Name and Contact</b>
4	Supply and install new UDC's, Entry fittings, flex hoses, impact valves, stabilizer bars and miscell		Source North America  510 S. Westgate  Addison, IL 60101 888-475-1508
	Supply and install new Ameron 3/2 piping and fittings at cut back piping ends and air test lines		
	Supply and install conduit form cut back conduits to new locations on outside of UDCs		
4	Supply and install new stainless-steel stands (4' x 6')		
3	Install new OPW DW spill buckets with gauge and (1) new OPW Vapor Bucket		