RI SOS Filing Number: 202227500800 Date: 8/22/2022 11:05:00 AM

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FALER (optional) CSC 1-800-858-5294 B. E.MAIL CONTACT AT FILER (optional) SPRF11ing@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions PO Box 29071 Glendale, CA 91209-9071 Order 88311485 1. DEBTOR'S NAME: Provise only also better name (is or 10) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the name will not the fine 1b, leve all of liters 1 bank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (For name will not the fine to), leve as of them 1 bank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (For name will not the line 2b, leve as it of item 2 bank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (For name will not the line 2b, leve as it of item 2 bank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (For name will not the line 2b, leve as it of item 2b, leve as	
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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 Per	onal Representative
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