UCC FINANCING STATEMENT AMENDER FOLLOW INSTRUCTIONS	MENT					
A NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-32	282 Fax: 81	8-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolferskluwer.com						
C SEND ACKNOWLEDGMENT TO: (Name and Address)	<u>.</u>					
Lien Solutions P.O. Box 29071	908142	235				
Glendale, CA 91209-9071	RIRI					
File with Secretary of State, RI	· · ·		-		OR FILING OFFICE US	
1a INITIAL FINANCING STATEMENT FILE NUMBER 202228000840 11/17/2022 SS RI		1	b This FINANCING STATEM (or recorded) in the REAL Filer attach Americanent Addi	ESTATE	RECORDS .	•
IERMINATION: Effectiveness of the Financing Statement identification. Statement	ified above is t	terminated with i				
ASSIGNMENT (fulf or <u>partial</u>) Provide name of Assignee in iter For partial assignment, complete items 7 and 9 <u>and</u> also indicate			signee in item 7c and name of A	ssignor in	item 9	
CONTINUATION Effectiveness of the Financing Statement idea continued for the additional period provided by applicable law.	ntified above v	vith respect to th	e security interest(s) of Secured	Party aut	conzing this Continuation S	Statement is
5 PARTY INFORMATION CHANGE						
Circus one of these, two boxes	CHANG	these three boxe E name and/or ad	dress CompleteADD name	e: Comple	ite itemDELETE name	Give record name
This Change affects Debtor or Secured Party of record	item 6a d	or 6b, <u>and</u> item 7a	or 76 and dem 7c falor 7b.	and item 7	c to be deleted in	dem 6a or 6b
6 CURRENT RECORD INFORMATION Complete for Party Information 64 ORGANIZATIONS NAME	on Change - p	rovide only <u>one</u>	name (oa or co)			
OR COMPANY OF THE PROPERTY OF						· •••
66 INDIVIDUAL'S SURNAME		FIRST PERSONAL	. NAME	ADDITIO	NAL NAME(S) INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Intermation Chan	ge - provide only <u>or</u>	e name (7a or 7b) (use exact dutiname,	do notomit,	modify, or abbreviate any part of th	e Debtor's name)
7a ORGANIZATION'S NAME The Huntington National Rank						
The Huntington National Bank OR 75 INDIVIDUAL'S SURNAME						
To morrosaci, waxiiiani						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SLINITIAL(S)						SUFFIX
76. MAKING ADDRESS	ī	CITY		STATE	POSTAL CODE	COUNTRY
11100 Wayzata Blvd., Suite 700		Minnetonka		MN	55305	USA
8. COLLATERAL CHANGE Also check one of these four boxe	es 🗆 ADD		DELETE collateral R		<u> </u>	ASSIGN collateral
Indicate collateral			_			
Lease No. 20073624 Sch. 1 "See Exhibit "A" Attached Hereto and Made a Part Hereo"	f ^ Exhibit */	A" consists of	one (1) name along with al	l additio	os substitutions atta	chments
replacements and accessions thereof, plus the proceeds	of all the for	regoing includ	ding amounts payable unde	er any ir	isurance policy. The f	oregoing
equipment is on lease to the above named debtor (Lesse	e). This filin	g is for inforn	national purposes only. (Pa	irtial As:	signment).	
NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here		NDMENT: Pro		arne of As	signor, if this is an Assignm	ent)
99 ORGANIZATION'S NAME C T CORPORATION SYSTEM, AS REPRESE	NTATN/=					
OR 96 INDIVIDUAL'S SURNAME	T	FIRST PERSONA	LNAME	ADDITIO	NAL NAME (SUINITIALIS)	SUFFIX
			- · · · · · · · · · ·			
	Young Men	's Christian A	ssociation of Smithfield			<u> </u>
90814235						

RI SOS Filing Number: 202328339840 Date: 1/12/2023 1:16:00 PM

1 INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amendment form. 202228000840 11/17/2022 SS RI						
	IAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 c	on Amendment for	TTI.			
	123 ORGANIZATION'S NAME C T CORPORATION SYSTEM, AS REPRESENTATIVE					
₽	126 INDIVIDUAL'S SURNAME	 · . ·				
}	FIRST PERSONAL NAME					
ł	ADDITIONAL NAME(S)INITIAL(S)	•	SUFFIX	•		•
_	Name of DEBTOR on related financing statement (Name of a current Deb	stor of record runs			E IS FOR FILING OFFICE US	
9	one Debtor name (13a or 13b) (use exact, full name, do not cmit, modify,	or abbreviate any	part of the Debtor's na	ses only in some till ame); see Instruction	ng crices - see instruction item ns if name does not fit	13) Provide on
ſ	130 ORGANIZATIONS NAME	<u>.</u>				
R -	The Young Men's Christian Association of Smithfield			Tana		Lavaran
	1.5, INDIVIDUAL S SURNAME	FRSI PER	SONAL NAME	AD	OTTIONAL NAME(S/MITTAL(S)	SUFFIX
	ADDITIONAL SPACE FOR ITEM 8 (Collateral)	<u></u>				
e Çı T	tor Name and Address: Young Men's Christian Association of Smithfield - 15 Deerfi ured Party Name and Address. CORPORATION SYSTEM, AS REPRESENTATIVE - 330 N Huntington National Barik - 11100 Wayzata Blvd., Suite 700	N Brand Blvd, S	Suite 700; Attn: SP	RS , Glendale,	CA 91203	
ie eci T	Young Men's Christian Association of Smithfield - 15 Deerfi ured Party Name and Address. CORPORATION SYSTEM, AS REPRESENTATIVE - 330 N	N Brand Blvd, S	Suite 700; Attn: SP	RS , Glendale,	CA 91203	
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ecu T	Young Men's Christian Association of Smithfield - 15 Deerfi ured Party Name and Address. CORPORATION SYSTEM, AS REPRESENTATIVE - 330 N	N Brand Blvd, S	Suite 700; Attn: SP . MN 55305		CA 91203	
ecu The	Young Men's Christian Association of Smithfield - 15 Deerfi ured Party Name and Address. CORPORATION SYSTEM, AS REPRESENTATIVE - 330 N Huntington National Bank - 11100 Wayzata Blvd., Suite 700	N Brand Blvd, S 0 , Minnetonka	Suite 700; Attn; SP . MN 55305		CA 91203	
The Security The The	Young Men's Christian Association of Smithfield - 15 Deerfice Deerfice Party Name and Address. CORPORATION SYSTEM, AS REPRESENTATIVE - 330 No. 11 Huntington National Bank - 11100 Wayzata Blvd., Suite 700 No. 11 No. 11 No. 11 No. 11 No. 11 No. 12 No. 12 No. 12 No. 13 No. 14 No. 15 No. 15 No. 15 No. 16	N Brand Blvd, S 0 , Minnetonka	Suite 700; Attn; SP . MN 55305		CA 91203	
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Prepared by Lien Schliens, P.O. Box 29071, Grendale, CA 91209-9071, fel (800) 331-3282

CIT CORPORATION SYSTEM, AS File with, Secretary of State, RI

18 MISCELLANEOUS 90814235 RI 0

EXHIBIT "A" JULES AND ASSOCIATES, INC. MASTER EQUIPMENT LEASE AGREEMENT NO: 20073624 SCHEDULE NO. 1

Vendor Name eGYM, Inc.	Invoice No. CIUS-2737-2022	Qty 1 Each	Description Leg Extension "Smart Strength"	Address, City, St, Zip 15 Decrfield Drive
		1 Each	Abdominal Crunch "Smart Strength"	Greenville, RI 02828
		1 Each	Back Extension "Smart Strength"	•
		1 Each	Leg Curl "Smart Strength"	•
		1 Each	Chest Press "Smart Strength"	•
		1 Each	Seated Row "Smart Strength"	•
		1 Each	Leg Press "Smart Strength"	•
		1 Each	Bizep Curl "Smart Strength"	•
		1 Each	Shoulder Press "Smart Strength"	
		1 Each	Triceps Press "Smart Strength"	•
		1 Each	Smart Assessment I, Fitness Hub	•
		1 Each	Smart Assessment I, Partner, Seca Basic	•
		1 Each	Seca Kit Weighing Platform, Adonis	•
		1 Each	Fitness Hub Basic Scale Integration Kit	•

Along with all additions, substitutions, attachments, replacements, and accessions thereof, plus the proceeds of all the foregoing including amounts payable under any insurance policy.

This Exhibit "A" is attached to and a part of Jules and Associates, Inc. Master Equipment Lease Agreement No. 20073624, Schedule No. 1 and constitutes a true and accurate description of the equipment.

LESSEE: The Young Men's Christian Association of Smithfield

ACKNOWLEDGED & ACCEPTED BY

TITLE: CEO