



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)		498821 008
B. E-MAIL CONTACT AT FILER (optional)		LHB
C. SEND ACKNOWLEDGMENT TO (Name and Address)		
CSC 801 Adlai Stevenson Drive Springfield, IL 62703		

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 UCC1Ac)

1a ORGANIZATION'S NAME				
OR	Alex and Ani Retail, LLC			
	1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS				
10 Briggs Drive		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 UCC1Ac)

2a ORGANIZATION'S NAME				
OR				
	2b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS				

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				
OR	The Bathing Club LLC, as Administrative Agent			
	3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS				
c/o Mark Geragos, 644 South Figueroa Street		Los Angeles	CA	90017 USA

4. COLLATERAL This financing statement covers the following collateral:

All assets of the Debtor whether now owned or hereafter acquired.

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-USS Filing

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

8. OPTIONAL FILER REFERENCE DATA

To be filed with: RI