

UCC-1 Form

FILER INFORMATION

Full name: **THOMAS R. BUTCHKO**

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SEND ACKNOWLEDGEMENT TO

Contact name: **THOMPSON HINE LLP**

Mailing Address: **127 PUBLIC SQUARE, 3900 KEY CENTER**

City, State Zip Country: **CLEVELAND, OH 44114 USA**

DEBTOR INFORMATION

Org. Name: **T.E.M. LLC**

Mailing Address: **80 COMPASS CIRCLE**

City, State Zip Country: **NORTH KINGSTOWN, RI 02852 USA**

SECURED PARTY INFORMATION

Org. Name: **KEYBANK NATIONAL ASSOCIATION, AS ADMINISTRATIVE AGENT**

Mailing Address: **127 PUBLIC SQUARE**

City, State Zip Country: **CLEVELAND, OH 44114 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: FILE WITH THE RHODE ISLAND SECRETARY OF STATE

COLLATERAL

ALL ASSETS.