

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Marc D. Leve (212 500-1591) | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) mleve@sillscummis.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Sills Cummis & Gross, P.C. 101 Park Avenue, 28th Floor New York, NY 10178 | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | |

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).

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|------------------------------------------|--------------------------|--|-------------------------|-------------------------------|----------------------|----------------|
| 1a. ORGANIZATION'S NAME QML Inc. | | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 272 Ferris Avenue | | | CITY East Providence | STATE RI | POSTAL CODE 02916 | 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).

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|------------------------------------------|--------------------------|--|-------------------------|-------------------------------|----------------------|----------------|
| 2a. ORGANIZATION'S NAME Q TECH, LLC | | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 2c. MAILING ADDRESS 272 Ferris Avenue | | | CITY East Providence | STATE RI | POSTAL CODE 02916 | COUNTRY USA |

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 Johns Manville | | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS 717 17th Street | | | CITY Denver | STATE CO | POSTAL CODE 80202 | COUNTRY USA |

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

All right, title and interest in and to (i) all platinum, rhodium and other metals delivered in 55 gallon drums or otherwise provided by Secured Party to Debtor from time to time at any location (including but not limited to 800 Central St. N. Smithfield, RI 02896) in connection with refining services of refractory and burnable materials pursuant to that certain Supply Agreement by and between Secured Party and Debtor dated May 19, 2023, as amended, modified, supplemented, extended, replaced, and otherwise revised from time to time (the "Agreement"); (ii) each Asset (as defined in the Agreement) shipped by or behalf of Debtor to Secured Party pursuant to the Agreement; (iii) all substitutions for or replacements of any of the foregoing and all additions and accessions thereto; and (iv) all products and proceeds of any and all of the foregoing, including but not limited to insurance proceeds under any policy of insurance relating to the foregoing. This filing applies to all transactions pursuant to the Agreement. All title to the above described Collateral shall remain with Secured Party at all times; provided, that in the event that any finding by any tribunal characterizes any such transaction as a sale instead of a bailment, this filing shall perfect a first priority continuing security interest in and to the foregoing Collateral.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | | | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input checked="" type="checkbox"/> Bailor/Bailee <input type="checkbox"/> Licensee/Licensor | | | |
| 8. OPTIONAL FILER REFERENCE DATA: RI SOS | | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a ORGANIZATION'S NAME

QML Inc.

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10. DEBTOR'S NAME Provide (10a or 10b) only page additional Debtor name or Debtor name that did not fit in line 1b or 2a of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME

Material Sampling Technologies

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c MAILING ADDRESS

272 Ferris Avenue

CITY

East Providence

STATE

RI

POSTAL CODE

02916

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME OR ☐ ASSIGNOR SECURED PARTY'S NAME. Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME

OR

11b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

☐ covers timber to be cut

☐ covers as-extracted collateral

☐ is filed as a future filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest).

16. Description of real estate

17. MISCELLANEOUS

RI SOS