

UCC-1 Form

FILER INFORMATION

Full name: **ASHLEY MEDEIROS**

Email Contact at Filer: **ASHLEY.MEDEIROS@BANKNEWPORT.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

DEBTOR INFORMATION

Org. Name: **FATHOM RESOURCES, LLC**

Mailing Address: **855 AQUIDNECK AVENUE #9**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

SECURED PARTY INFORMATION

Org. Name: **BANKNEWPORT**

Mailing Address: **184 JOHN CLARKE ROAD**

City, State Zip Country: **MIDDLETOWN, RI 02842 USA**

TRANSACTION TYPE: STANDARD

COLLATERAL

ALL MACHINERY, EQUIPMENT, FURNITURE, FIXTURES, INVENTORY AND ACCOUNTS RECEIVABLE NOW OWNED OR
HEREAFTER ACQUIRED. ALL ASSETS.