

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: UCC@MD-LEASING.COM

SEND ACKNOWLEDGEMENT TO

Contact name: MD LEASING LLC

Mailing Address: 6575 WEST LOOP SOUTH SUITE 450

City, State Zip Country: BELLAIRE, TX 77401 USA

DEBTOR INFORMATION

Org. Name: EYE STOP, INC

Mailing Address: 41 SANDERSON ROAD SUITE 203

City, State Zip Country: SMITHFIELD, RI 02917 USA

Last Name (i.e. Family Name or Surname): PUGLIESE First Name: JOHN Middle Name: R

Mailing Address: 112 S KILLINGLY RD

City, State Zip Country: FOSTER, RI 02825 USA

SECURED PARTY INFORMATION

Org. Name: MD LEASING LLC

Mailing Address: 6575 WEST LOOP SOUTH SUITE 450

City, State Zip Country: BELLAIRE, TX 77401 USA

TRANSACTION TYPE: STANDARD

ALTERNATIVE DESIGNATION: LESSEE-LESSOR

COLLATERAL

ETERNA SYSTEM (FACE) THIS IS A PRECAUTIONARY FILING.SECURED PARTY AND DEBTOR ARE PARTIES TO AN EQUIPMENT LEASE. NOTHING CONTAINED HEREIN SHALL BE CONSTRUCTED TO RECLASSIFY THAT AGREEMENT.