

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO (Name and Address)
Klein Hornig LLP 1325 G Street NW, ste 770 Washington, DC 20005
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)

1a. ORGANIZATION'S NAME Marathon Development LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE
500 Harrison Avenue, Ste 4RB	Boston		MA	02108

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)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE

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 Citizens Bank, National Association				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE
28 State Street, MS2400	Boston		MA	02109

4. COLLATERAL: This financing statement covers the following collateral

See the attached Exhibit A.

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		6b. 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	<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 type="checkbox"/> Bailor/Bailee
		<input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: RI SOS - Developer			

**Exhibit A to UCC-1 Financing Statement**

**Debtor:** Marathon Development LLC  
500 Harrison avenue, Ste 4RB  
Boston, MA 02118

**Secured  
Party:** Citizens Bank, National Association  
28 State Street, MS2400  
Boston, MA 02109

All of Debtor's right, title, and interest in, and to the Developer Fees (as defined in that certain Pledge of Developer Fees given by Debtor and The Flynn I, LLC in favor of Secured Party dated December 23, 2024).