



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)

MountainOne Bank
93 Main Street
North Adams, MA 01247

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
Buick, LLC

OR

1b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

106 Canonchet Road Hope Valley RI 02832 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)

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 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
MountainOne Bank

OR

3b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

93 Main Street North Adams MA 01247 USA

4 COLLATERAL: This financing statement covers the following collateral:

See attached exhibit A.

5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box.
 Public Finance Transaction Manufactured-Home Transaction A Debtor is a Transacting Utility

6b. Check only if applicable and check only one box.
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable). Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:



HAITIAN
— **ABSOLUTE**

Exhibit A

Pro-Forma Invoice

Absolute Haitian Corporation
33 Southgate Street
Worcester MA 01610
United States

Date 11/26/2024
Invoice # 50190

Terms Due on receipt
PO # 40980
Ship Via N/A - AHC

Bill To
The Beadery
PO Box 178
Hope Valley RI 02832
United States

Ship To
The Beadery
106 Canonchet Rd
Hope Valley RI 02832
United States

Quantity	Description	Amount
1	30% Down Payment due with purchase order	[REDACTED]
1	50% Progress Payment due prior to shipment	[REDACTED]
	Reference: (1) MA III 2000/750 Molding Machine (1) MaxA05-1000 Robot Order Total [REDACTED]	
	<p>***BEWARE! WIRE FRAUD IS RAMPANT.*** Accepting wire and disbursement instructions by email is dangerous, especially changes to those instructions. Verify by calling the originator of the email using previously known contact information prior to sending funds.</p> <p>Absolute Haitian Corporation's Standard Terms and Conditions apply to this transaction. No deviations of any sort contained in Buyer Order Forms. Buyer written confirmation or any other communication shall be binding upon AHC unless agreed to in writing and signed by officers of both parties.</p>	

Subtotal [REDACTED]
Shipping Cost (N/A - AHC) [REDACTED]
Total [REDACTED]