

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141			
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 </td> <td style="width: 40%; border: none; text-align: center;"> 103004379 RIRI </td> </tr> </table> File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION		Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	103004379 RIRI
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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 MOON ASSOCIATES, INC.					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
16 East Washington Street		North Attleborough	MA	02760	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 Gutter Helmet & Quality Roofing					
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
16 East Washington Street		North Attleborough	MA	02760	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 CREDIBLY OF ARIZONA LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
25200 Telegraph Rd #350		Southfield	MI	48033	USA

4. **COLLATERAL:** This financing statement covers the following collateral:
 Any and all assets maintained by Debtor and/or maintained by any and all business locations owned by the Debtor in addition to the location listed in the Agreement.

In addition, a security interest is granted in the following properties, assets and rights, wherever located, whether now owned or hereafter acquired or arising and however the interest was acquired or appeared (whether by ownership, lease, security interest, claim, or otherwise):

- (a) any and all amounts owing to the Debtor now or in the future from any merchant processor;
- (b) all Accounts;
- (c) all Chattel Paper (including Tangible Chattel Paper and Electronic Chattel Paper);
- (d) all Instruments;
- (e) all Goods, including, without limitation, Equipment, Motor Vehicles, Inventory, Farm Products, Accessions, and As Extracted Collateral;
- (f) all Documents;
- (g) all General Intangibles (including, without limitation, Payment Intangibles and Software);
- (h) all Deposit Accounts;
- (i) all Letter of Credit Rights;
- (j) all Investment Property;
- (k) all Supporting Obligations;
- (l) all trademarks, trade names, service marks, logos and other sources of business identifiers, and all registrations, recordings and applications with the

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 Transmitting 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
 103004379

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
MOON ASSOCIATES, 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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b 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

OR 10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

10c MAILING ADDRESS

CITY

STATE

POSTAL CODE

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)

U.S. Patent and Trademark Office ("USPTO") and all renewals, reissues and extensions thereof (collectively "IP");

(m) any records and data relating to any of the foregoing, whether in the form of a writing, photograph, microfilm, microfiche, or electronic media, together with all of the debtor's right, title and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media; and

(n) any and all proceeds of any of the foregoing, including insurance proceeds or other proceeds from the sale, destruction, loss, or other disposition of any of the foregoing, and sums due from a third party who has damaged or destroyed any of the foregoing or from that party's insurer, whether due to judgment, settlement or other process.

Pursuant to an agreement between Debtor and Secured Party, Debtor has agreed to not grant a security interest in the above referenced description to

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 fixture 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 103004379-R1-G

CRFDIBLY OF ARIZONA LLC

File with Secretary of State, RI

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	MOON ASSOCIATES, INC.		
OR	9b INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
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	10a ORGANIZATION'S NAME				
OR	10b INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
10c MAILING ADDRESS	CITY	STATE	POSTAL CODE	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).

any other entity. Accordingly, the acceptance of any security interest by anyone other than the Secured Party is likely to constitute the tortious interference with the Secured Party's rights.

In the event that any other entity is granted a security interest in Debtor's collateral as described above contrary to the terms of the contract, the Secured Party asserts a claim to any collateral/proceeds thereof received by such entity.

For NJ residents only - This collateral description is within the scope of the New Jersey Uniform Commercial Code, Article 9 at 12A:9-102 and 12A:9-109 as enacted by the state of New Jersey.

<p>13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in item *6 (if Debtor does not have a record interest):</p>	<p>14. This FINANCING STATEMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate:</p>
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