

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) 56188 - MAJS Holdings <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>104083067 RIRI</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>	

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 CHEF'S CHOICE INC				
OR 1b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 221 ADMIRAL ST		CITY PROVIDENCE	STATE RI	POSTAL CODE 02908
			COUNTRY 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 DELBONIS		FIRST PERSONAL NAME DANIEL	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS 7 CASSANDRA CT		CITY CRANSTON	STATE RI	POSTAL CODE 02921
			COUNTRY USA	

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME C C Representative				
OR 3b INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS 330 N Brand BLVD, Suite 700 Att SPRS		CITY GLENDALE	STATE CA	POSTAL CODE 91203
			COUNTRY USA	

4 COLLATERAL This financing statement covers the following collateral:

Collateral Type: ASSETS INCLUDING PROCEEDS AND PRODUCTS
Collateral Type: ACCOUNT(S) INCLUDING PROCEEDS AND PRODUCTS
Collateral Type: CHATTEL PAPER INCLUDING PROCEEDS AND PRODUCTS
Collateral Type: INVENTORY INCLUDING PROCEEDS AND PRODUCTS
Collateral Type: EQUIPMENT INCLUDING PROCEEDS AND PRODUCTS
Collateral Type: NEGOTIABLE INSTRUMENTS INCLUDING PROCEEDS AND PRODUCTS
Collateral Type: GENERAL INTANGIBLE(S) INCLUDING PROCEEDS AND PRODUCTS

Collateral - All assets of the Debtor. Notice - Pursuant to an agreement between debtor and secured party, debtor has agreed not to grant a security interest in the collateral, described herein and in any future commercial tort claims to any other secured party. Accordingly, the acceptance of any such security interest by anyone other than the above secured party is likely to constitute the tortious interference with secured party's rights. In the event that any entity is granted a security interest in debtor's accounts, chattel paper or general intangibles contrary to the above, the secured party asserts a claim to any proceeds thereof received by such entity.

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: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b Check <u>only</u> if applicable and check <u>only</u> one box: <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"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: 104083067 CHEF'S CHOICE INC Y	