

UCC-1 Form

FILER INFORMATION

Full name: **INNOVATION REFUNDS**

Email Contact at Filer: **LIENFILING@INNOVATIONREFUNDS.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **INNOVATION REFUNDS**

Mailing Address: **4350 WESTOWN PKWY 8 300**

City, State Zip Country: **WEST DES MOINES, IA 50266 USA**

DEBTOR INFORMATION

Org. Name: **SMITHFIELD CRUSHING CO., LLC**

Mailing Address: **295 GEORGE WASHINGTON HIGHWAY**

City, State Zip Country: **SMITHFIELD, RI 02917 USA**

SECURED PARTY INFORMATION

Org. Name: **INNOVATION REFUNDS**

Mailing Address: **4350 WESTOWN PKWY 8 300**

City, State Zip Country: **WEST DES MOINES, IA 50266 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: C1015422

COLLATERAL

ALL RIGHT, TITLE, INTEREST, CLAIMS AND DEMANDS OF DEBTOR IN AND TO THE FOLLOWING PROPERTY: (A) ALL ERC CLAIMS (AS DEFINED BELOW); AND (B) ALL PROCEEDS AND COLLECTIONS WITH RESPECT TO ALL ERC CLAIMS (AS DEFINED BELOW) AND ALL RECORDS AND DATA RELATING THERETO. AS USED HEREIN, (I) "ERC CLAIMS" MEANS AND INCLUDES ANY AND ALL CLAIMS AND/OR REQUESTS FOR ERCS TO THE INTERNAL REVENUE SERVICE AND/OR ANY OTHER GOVERNMENTAL AND/OR QUASI-GOVERNMENTAL AUTHORITY; AND (II) "ERCS" MEANS EMPLOYEE RETENTION TAX CREDITS MADE AVAILABLE TO EMPLOYERS UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), AS MODIFIED.