

# UCC APPROVAL SHEET

\*\* KEEP WITH DOCUMENT \*\*

**TRANSACTION TYPE**                      **FEES REMITTED**

<input checked="" type="checkbox"/> UO – Original Financing Statement	\$25.00
<input type="checkbox"/> UOA – Original Financing Statement with assignment	\$25.00
<input type="checkbox"/> UOTU – Original Financing Statement Transmitting Utility	\$25.00
<input type="checkbox"/> UMA – Amendment	\$25.00
<input type="checkbox"/> UMDA – Amendment – Debtor Added	\$25.00
<input type="checkbox"/> UMDC – Amendment – Debtor Name Change	\$25.00
<input type="checkbox"/> UMDD – Amendment – Debtor Deleted	\$25.00
<input type="checkbox"/> UMSA – Amendment – Secured Party Added	\$25.00
<input type="checkbox"/> UMSC – Amendment – Secured Party Name Change	\$25.00
<input type="checkbox"/> UMSD – Amendment – Secured Party Deleted	\$25.00
<input type="checkbox"/> UMC – Amendment – Continuation	\$25.00
<input type="checkbox"/> UMT – Amendment – Termination	\$25.00
<input type="checkbox"/> UMZ – Amendment – Assignment	\$25.00
<input type="checkbox"/> UMZP – Amendment – Partial Assignment	\$25.00
<input type="checkbox"/> UMCS – Amendment – Correction Statement	\$25.00
<input type="checkbox"/> UOMH – Manufactured Home – Original Financing Statement	\$25.00
<input type="checkbox"/> UOPF – Public Finance – Original Financing Statement	\$25.00
<input type="checkbox"/> Documents Nine (9) Pages or More	\$75.00
<input type="checkbox"/> Certified Copies	
<input type="checkbox"/> Plain Copies	

**TOTAL FEES:**                     25                    

Affix Barcode Label Here



RECORDED ON 08/27/2012 AT 09:21 AM  
 IN THE FINANCING RECORDS OF THE MD. ST.  
 DEPARTMENT OF ASSESSMENTS AND TAXATION.  
 WO # 0004017366 ACK # 1000362003746395  
 ORIGINAL FILE NUMBER: 0000000181453428  
 PAGES: 0002

OTHER CHANGES:

Code \_\_\_\_\_

Attention: \_\_\_\_\_

**NO FEE TRANSACTION TYPES**

- URC – Copies
- UNCP – Void – Non-Payment
- UCC – Cancellation
- UCR – Reinstatement
- UCO – Departmental Action
- UCREF – Refund Recordation Tax
- UCIS – Incorrect ID Number
- XOVRU – UCC Overrides
- UMFC – Filing Office Correction Statement

**Method of Payment:**

Cash     Check     Credit Card

Number of Checks  1

Comments(s):

CT LIEN SOLUTIONS  
 P O BOX 29071  
 GLENDALE CA 91209-9071

CUST ID: 0002800786  
 WORK ORDER: 0004017366  
 DATE: 08-28-2012 12:13 PM  
 AMT. PAID: \$25.00

CUST ID:0002800786  
WORK ORDER:0004017366  
DATE:08-28-2012 12:13 PM  
AMT. PAID:\$25.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
Phone:(800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 11033 SUSQUEHANNA CU

CT Lien Solutions 34529731  
P.O. Box 29071  
Glendale, CA 91209-9071 MDMD

1 A 9 21  
FILED  
SEP 10 10 11

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
S. BAILEY AND COMPANY, LLC

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
1255 JEFFERSON BLVD. HAGERSTOWN MD 21742 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any  
LLC MD W14233613  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any  
 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
SUSQUEHANNA COMMERCIAL FINANCE, INC.

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
2 COUNTRY VIEW ROAD SUITE 300 MALVERN PA 19355 USA

4. This FINANCING STATEMENT covers the following collateral:

ALL GOODS, INVENTORY, SOFTWARE AND EQUIPMENT (WHETHER NOW EXISTING OR HEREAFTER IN EXISTANCE) EITHER SUBJECT OF EXISTING AND FUTURE LEASING AGREEMENTS BETWEEN (a) DEBTOR AS LESSEE AND SECURED PARTY AS LESSOR, OR (b) ACQUIRED BY DEBTOR THROUGH CASH ADVANCES OR CREDIT OTHERWISE PROVIDED BY SECURED PARTY (COLLECTIVELY, "LEASED/FINANCED GOODS"). SAID "LEASED/FINANCED GOODS" SHALL INCLUDE, WITHOUT LIMITATION VEHICLES; TOOLS; APPLIANCES; TOGETHER WITH THE FOLLOWING TYPES OF EQUIPMENT AND MACHINERY: COMPUTER, CONSTRUCTION, INDUSTRIAL, MANUFACTURING, SEWING AND EMBROIDERY, MEDICAL, VETERINARY, DENTAL, PRINTING, TELEPHONE, GRAPHIC EQUIPMENT, WOODWORKING, FURNITURE, LANDSCAPING, STENOGRAPH/TRANSCRITPION, HVAC, VIDEO/SECURITY/AUDIO, FIBER OPTICS, PROPANE TANKS, ENERGY MANAGEMENT, SOLOR ENERGY EQUIPMENT, MARKETING/SIGNAGE, SEGWAY, MATERIAL HANDLING/LIFTS, RESTAURANT, PARTY AND OFFICE EQUIPMENT AND MACHINERY; ALL SUBSTITUTIONS AND REPLACEMENTS FOR, AND ACCESSIONS, ATTACHMENTS, AND OTHER ADDITIONS TO SUCH LEASED/FINANCED GOODS; ALL PRODUCTS AND ALL PROCEEDS THEREOF (INCLUDING INSURANCE PROCEEDS); ALL SOFTWARE RELATED THERETO; TOGETHER WITH ALL ACCOUNTS, LEASES, RENTAL AGREEMENTS ARISING FROM THE LEASED/FINANCED GOODS, WHETHER NOW EXISTING OR HEREAFTER IN EXISTANCE.

5. ALTERNATIVE DESIGNATION [if applicable]  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAIOLR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)  All Debtors  Debtor 1  Debtor 2 [optional]

8. OPTIONAL FILER REFERENCE DATA

34529731 REF111138