

**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<br>with assignment       | \$25.00 |
| <input type="checkbox"/> UOTU – Original Financing Statement<br>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 –<br>Debtor Name Change                    | \$25.00 |
| <input type="checkbox"/> UMDD – Amendment – Debtor Deleted                           | \$25.00 |
| <input type="checkbox"/> UMSA – Amendment –<br>Secured Party Added                   | \$25.00 |
| <input type="checkbox"/> UMSC – Amendment –<br>Secured Party Name Change             | \$25.00 |
| <input type="checkbox"/> UMSD – Amendment –<br>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 –<br>Partial Assignment                    | \$25.00 |
| <input type="checkbox"/> UMCS – Amendment –<br>Correction Statement                  | \$25.00 |
| <input type="checkbox"/> UOMH – Manufactured Home –<br>Original Financing Statement  | \$25.00 |
| <input type="checkbox"/> UOPF – Public Finance –<br>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:** \$250

RECORDED ON 06/05/2013 AT 12:43 PM  
 IN THE FINANCING RECORDS OF THE MD. ST.  
 DEPARTMENT OF ASSESSMENTS AND TAXATION.  
 WO # 0004150178 ACK # 1000362004974228  
 ORIGINAL FILE NUMBER: 0000000181474290  
 PAGES: 0002

OTHER CHANGES:

Code \_\_\_\_\_

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

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

**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

Comments(s):

CUST ID: 0002933598  
 WORK ORDER: 0004150178  
 DATE: 06-06-2013 02:19 PM  
 AMT. PAID: \$300.00

Filing Office and Customer Number Here

CUST ID: 0002933598  
 WORK ORDER: 0004150178  
 DATE: 06-06-2013 02:19 PM  
 AMT. PAID: \$300.00

RECEIVED  
 DEPARTMENT OF  
 ASSESSMENTS & TAXATION

2013 JUN -5 12:43

Phone: (800) 331-0202 (Toll Free)

B. SEND ACKNOWLEDGMENT TO: (Name and Address) 16554 - NextGear Capital

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

38404990  
 MDMD

File with: Dept of Assessments/Taxation, MD

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<br>J.B.L. CONSTRUCTION L.L.C. |                                   |                                 |  |  |                      |                |        |
| OR  |                                   | 1b. INDIVIDUAL'S LAST NAME      |  |  | FIRST NAME           | MIDDLE NAME    | SUFFIX |
| 1c. MAILING ADDRESS<br>8027 Liberty Road              |                                   |                                 | CITY<br>Baltimore                      | STATE<br>MD  | POSTAL CODE<br>21244 | COUNTRY<br>USA |        |
| 1d. <u>SEE INSTRUCTIONS</u>                           | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>LLC | 1f. JURISDICTION OF ORGANIZATION<br>MD | 1g. ORGANIZATIONAL ID #, if any<br>W07407869 <input type="checkbox"/> 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<br>S & B Auto Wholesaler |                                   |                                 |  |   |                      |                |        |
| OR   |                                   | 2b. INDIVIDUAL'S LAST NAME      |  |   | FIRST NAME           | MIDDLE NAME    | SUFFIX |
| 2c. MAILING ADDRESS<br>8027 Liberty Road         |                                   |                                 | CITY<br>Baltimore                      | STATE<br>MD   | POSTAL CODE<br>21244 | COUNTRY<br>USA |        |
| 2d. <u>SEE INSTRUCTIONS</u>                      | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION<br>DBA | 2f. JURISDICTION OF ORGANIZATION<br>MD | 2g. ORGANIZATIONAL ID #, if any<br><input checked="" type="checkbox"/> 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<br>NEXTGEAR CAPITAL, INC.    |  |                            |                |             |                      |                |        |
| OR   |  | 3b. INDIVIDUAL'S LAST NAME |                |             | FIRST NAME           | MIDDLE NAME    | SUFFIX |
| 3c. MAILING ADDRESS<br>1320 CITY CENTER DR., STE 100 |  |                            | CITY<br>CARMEL | STATE<br>IN | POSTAL CODE<br>46032 | COUNTRY<br>USA |        |

4. This FINANCING STATEMENT covers the following collateral:

All Debtors assets and properties wherever located, including without limitation all equipment of any kind or nature, all vehicles, vehicle parts and inventory now owned or hereafter acquired, without limitation, purchase money inventory, the purchase of which was financed or floorplanned by NextGear Capital, Inc. for Debtor of whatever kind or nature, and all returns, repossessions, exchanges, substitutions, attachments, additions, accessions, accessories, replacements, and proceeds thereof; all accounts, accounts receivable, chattel paper, and general intangibles now owned or hereafter acquired by Debtor together with the proceeds thereof; all of Debtors documents, books and records relating to the foregoing.

5. ALTERNATIVE DESIGNATION [if applicable]:  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOB  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) [ADDITIONAL FEE] [optional]  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

38404990

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