

1320-08-410-002

DOUGLAS COUNTY, NV **2023-994649**
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\$60.00 Pgs=2 **03/14/2023 08:44 AM**
CORPORATION SERVICE COMPANY (UCC)
SHAWNYNE GARREN, RECORDER

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT FILER (optional) SPRfiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> 2513 32172 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 </div> <div style="text-align: right; margin-top: 10px;"> Filed In: Nevada (Douglas) </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 INSTITUTIONAL FOODS PACKING CO.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	2232 MERIDIAN BLVD STE K	CITY MINDEN	STATE NV	POSTAL CODE 89423
			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 CONTINUUM PACKING SOLUTIONS, LLC				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	2232 MERIDIAN BLVD, STE K	CITY MINDEN	STATE NV	POSTAL CODE 89423
			COUNTRY 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 Prime Alliance Bank, Inc.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	1868 S 500 W	CITY Woods Cross	STATE UT	POSTAL CODE 84087
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:
All equipment, and all modifications, accessions, attachments, replacements and proceeds thereto and thereof, now and hereafter covered by the Equipment Lease Agreement dated as of 01/19/2022 between Lessor and INSTITUTIONAL FOODS PACKING CO. AND CONTINUUM PACKING SOLUTIONS, LLC as CO-Lessee. LEASE NUMBER 22-15399-01

FILING IS HEREBY CERTIFIED A FIXTURE FILING FOR ALL EQUIPMENT PERTAINING TO MASTER LEASE 22-15399-01, LOCATED AT THE ADDRESS OF REAL ESTATE: 2248 MERIDIAN BL STE K MINDEN, NV 89423

LEGAL DESCRIPTION: LOT NUMBER: 2; SUBDIVISION: MERIDIAN BUS PARK; BLOCK: A; SEC/TWN/RNG/MER: SEC 08 TWN 13N RNG 20E

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:

2513 32172

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 INSTITUTIONAL FOODS PACKING CO.	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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
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11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, as REPRESENTATIVE			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS PO BOX 2576 UCCSPREP@cscinfo.com	CITY Springfield	STATE IL	POSTAL CODE 62708	COUNTRY USA
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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): RAJAN II LLC 2248 MERIDIAN BL STE D MINDEN, NV 89423	16. Description of real estate: LOT NUMBER: 2; SUBDIVISION: MERIDIAN BUS PARK; BLOCK: A; SEC/TWN/RNG/MER: SEC 08 TWN 13N RNG 20E

17. MISCELLANEOUS: