20220712000273870 07/12/2022 09:00:52 AM LICC1 1/2

6b. Check only if applicable and check only one box:

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

2354 49058

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				C1 1/2	
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)					
2354 49058 - 7/11/2022					
CSC					
801 Adlai Stevenson Drive Springfield, IL 62703	n: Alabama				
	(Shelby)				
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide		modify, or abbreviate any part of t or information in item 10 of the Fin			
1a. ORGANIZATION'S NAME VRMMM PIZZA LLC				•	•
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	I NAME	ADDITIONAL NAME(\$)/INITIAL(\$)		SUFFIX
75. INDIVIDONE O CONTINUE	T INCOLL ENCOLL				
1c. MAILING ADDRESS 376 CHESSER DRIVE	CITY		STATE	POSTAL CODE	COUNTRY
	CHELSEA		AL	35043	USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide		modify, or abbreviate any part of t or information in item 10 of the Fir			
2a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	•
OR					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(\$)/INITIAL(\$)		SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURATION'S NAME Pacific Western Bank	JRED PARTY): Pro	vide only <u>one</u> Secured Party name	e (3a or 3b) 	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 5404 Wisconsin Avenue, 2nd floor	Chova Cha		STATE	POSTAL CODE	COUNTRY
4.000114755041	Chevy Cha	ISE	MD	20815	USA
4. COLLATERAL: This financing statement covers the following collateral: MAXIMUM AMOUNT OF INDEBTEDNESS IS \$897,0	000.00.				
All of Dobtor's propositive award and evicting and bare	after coquir	ad wharavar lagated	and a	ricina (a) account	. whother
All of Debtor's presently owned and existing and here or not earned by performance; (b) chattel paper; (c) in	•	·	-	O ()	•
equipment; (h) furniture; and (i) fixtures now or herea	after located	upon any part of the	Prope	rty being more par	ticularly
described in Section 16 herein; and all replacements,	•	·		•	•
of the above; all proceeds, including without limitation respect to the above; and all products of the above.	i, condemna	mon or insurance pro	ceeus,	ansing out or or w	VILII
5 Chook only if applicable and absolvenily and beauty and a second as a second of the	/ooo 110045-1-11	17 and Incharaction (1)			1 Dan
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCCTAd, Item	17 and Instructions) being	administe	red by a Decedent's Persona	ii kepresentative

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

8. OPTIONAL FILER REFERENCE DATA: :DEAL FLOW 20213 - 13265.995

Manufactured-Home Transaction

Lessee/Lessor

6a. Check only if applicable and check only one box:

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
VRMMM PIZZA LLC						
OR 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
		THE ABOVE	SPACE I	S FOR FILING OFFICE	IISE ONI Y	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	or Debtor name that did not fit in					
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the				,		
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INIDIX (ID) LATEO ADDITIONAL MARACION (INITIALIO)					Tourenv	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
11a. ORGANIZATION'S NAME	NOR SECURED PARTY	'S NAME: Provide o	nly <u>one</u> na	me (11a or 11b)		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
ARN CARN	Judge of Poclerk Shelby Cou 07/12/2022 \$39.00 JOA 2022071206	blic Records robate, Shelby Cou inty, AL 09:00:52 AM ANN 00273870	nty Alab	ama, County	Beyol	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	e 14. This FINANCING STATE covers timber to be		extracted o	collateral 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): MIDGETTE'S PROPERTIES, LLC 1966 COUNTY ROAD 13	LOT 11, ACCORE	16. Description of real estate: LOT 11, ACCORDING TO THE SURVEY OF FOOTHILLS OF CHELSEA, 3RD SECTOR, AS RECORDED IN MAP BOOK 33,				
CLANTON, ALABAMA 35045	PAGE 82 IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA; BEING SITUATED IN SHELBY COUNTY, ALABAMA.					
	376 CHESSER DI	RE COMMONLY KNOWN AS: CHESSER DRIVE ELSEA, ALABAMA 35043				
17. MISCELLANEOUS:						