



UCC

LIEN NO. 93989061

F.D. THOMAS, INC.

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

|   |
|---|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>(800) 826-5256 UCC Division   |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>ucc@ncscredit.com OR SOS   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>NCS UCC Services Group<br>PO Box 24101<br>Cleveland, OH 44124<br>USA<br>(800) 826-5256 |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION   |

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<br>F. D. Thomas, Inc. |                          |                               |                      |                |
| OR<br>1b. INDIVIDUAL'S SURNAME                | FIRST PERSONAL NAME      | ADDITIONAL NAME(S)/INITIAL(S) |                      | SUFFIX         |
| 1c. MAILING ADDRESS<br>8814 Industrial Ln     | CITY<br>Rancho Cucamonga | STATE<br>CA                   | POSTAL CODE<br>91730 | COUNTRY<br>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        |                     |                               |             |         |
| OR<br>2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |             | SUFFIX  |
| 2c. MAILING ADDRESS            | CITY                | STATE                         | POSTAL CODE | COUNTRY |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|   |                     |                               |                      |                |
|---|---------------------|-------------------------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME<br>Kloeckner Metals Corporation |                     |                               |                      |                |
| OR<br>3b. INDIVIDUAL'S SURNAME                          | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |                      | SUFFIX         |
| 3c. MAILING ADDRESS<br>500 Colonial Center Pkwy #500    | CITY<br>Roswell     | STATE<br>GA                   | POSTAL CODE<br>30076 | COUNTRY<br>USA |

4. COLLATERAL: This financing statement covers the following collateral.

Company is engaged in the business of processing (including cutting, slitting, leveling and/or burning) and distributing steel and other metal products. Processor is engaged in the business of (i) cutting, slitting, leveling, finishing and/or otherwise processing steel and other metal products, and/or (ii) painting and/or coating steel and other metal products, and/or (iii) the warehousing/storage of steel and other metal products (collectively, to the extent provided by Processor to Company, the "Services"). Company may from time to time ship, or otherwise cause to be delivered, to Processor, on bailment, coils or rolls of steel, and/or other metal products, for the purpose of Processor rendering the Services and subsequently shipping such products to Company or to such other persons as Company may designate. The term "Company Inventory" shall mean

Please see attached Addendum Form(s) for Additional Collateral

|  |  |
|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative                |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility                       |  |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing   |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input checked="" type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |  |
| 8. OPTIONAL FILER REFERENCE DATA:<br>UCC# U363172  |  |

International Association of Commercial Administrators (IACA)

## 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

F. D. Thomas, Inc.

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

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

11a. ORGANIZATION'S NAME

OR 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)

all such products of Company delivered to and in the possession of Processor, whether before, during or after the rendering of the Services. Processor acknowledges and agrees that title to all of the Company Inventory is and shall at all times remain with and be held solely by Company, and Processor neither has nor shall make any claim with respect thereto. Processor neither has nor claims any ownership interest, security interest, lien or other rights in or to any of the Company Inventory or any of the proceeds thereof.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

☐ covers timber to be cut☐ covers as-extracted collateral☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 10 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS: