EXHIBIT B

Wilkins Historical Cash Flow and Equity Levels
8 Restaurants

Time Period	Sales	PAC%	Pre-Debt CF	Value at 5.5 Multiple (used @ purchase)	Net Debt	Estimated Net Equity	Working Captial
TTM Sept 2016 (Prior to Ownership)	**17,701,946**	**31.8%**	**2,766,650**	**16,599,900**			
Purchase				**15,000,000**	**11,000,000**	**4,000,000**	
TTM Dec 2017	16,675,669	29.6%	**1,998,561**	11,991,366	9,737,507	2,253,859	(933,823)
TTM Dec 2018	15,453,045	27.3%	**1,340,345**	8,042,070	8,992,300	(950,230)	(1,414,548)
TTM March 2019	15,103,329	25.5%	**995,652**	5,973,912	9,030,420	(3,056,508)	(1,652,913)
TTM April 2019	**14,979,080**	**24.8%**	**871,116**	**5,226,696**	**9,237,861**	**(4,011,165)**	**(1,953,685)**
TTM May 2019	**14,885,007**	**24.3%**	**788,921**	**4,733,526**	**9,298,483**	**(4,564,957)**	**(1,891,829)**

EXHIBIT C

South Carolina Secretary of State's Office

Mark Hammond

Search Response

Dated: 8/1/2019 2:24 PM

Search Criteria Entered:

Name Search
Party Name: Dream Big Restaurants
Party: Debtor
Filing Status: Unlapsed Filings
Filing Type: All

Name	Selected
DREAM BIG RESTAURANTS	Yes
DREAM BIG RESTAURANTS LLC	Yes
DREAM BIG RESTAURANTS, LLC	Yes

Filing Number	Filing Type	Filing Date	Lapse Date	Electronic Image Available
161222-1521113	UCC-1 Financing Statement	12/22/2016 3:21 PM	12/22/2021	Yes
181004-0822420	UCC-1 Financing Statement	10/4/2018 8:22 AM	10/4/2023	Yes
190430-1524539	UCC-1 Financing Statement	4/30/2019 3:24 PM	4/30/2024	Yes
190501-1311210	UCC-1 Financing Statement	5/1/2019 1:11 PM	5/1/2024	Yes
190528-1345142	UCC-1 Financing Statement	5/28/2019 1:45 PM	5/28/2024	Yes
190624-1514268	UCC-1 Financing Statement	6/24/2019 3:14 PM	6/24/2024	Yes

[redacted]

UCC-1

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)
FilingDept@cscinfo.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703

SC SECRETARY OF STATE
181004-0822420 S
Lapse Date: 10/04/2023
Date: 10/4/2018
Time 8:22 AM
Page Count: 1 Pg
Debtor Count: 1
Filing Fees: $8.00
Electronic Records Access: $8.00
Total: $16.00
Order ID#

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
DREAM BIG RESTAURANTS, LLC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
37 VILLA RDSTE 205	GREENVILLE	SC	29615	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

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 of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
SECURED LENDER SOLUTIONS

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. BOX 2576	Springfield	IL	62708	USA

4. COLLATERAL: This financing statement covers the following collateral:
Any and all assets of the debtor whether now owned or hereafter acquired or arising. THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES and INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT UCCSPREP@CSCINFO.COM.

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:
[153060278]

SOUTH CAROLINA SECRETARY OF STATE'S OFFICE, 1205 Pendleton Street Suite 525 Columbia, SC 29201 (Rev. 07/01/13)

[redacted]

UCC-1

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)
SPRS@FICOSO.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
FIRST CORPORATE SOLUTIONS INC.
914 S STREET

SACRAMENTO, CA 95811

SC SECRETARY OF STATE
190501-1311210 S
Lapse Date: 05/01/2024
Date: 5/1/2019
Time 1:11 PM
Page Count: 1 Pg
Debtor Count: 1
Filing Fees: $8.00
Electronic Records Access: $8.00
Total: $16.00
Order ID#

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
DREAM BIG RESTAURANTS, LLC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
37 VILLA ROAD	GREENVILLE	SC	29615	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

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 of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
FIRST CORPORATE SOLUTIONS, AS REPRESENTATIVE

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
914 S STREET / SPRS@FICOSO.COM	SACRAMENTO	CA	95811	USA

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

Collateral - All present and future assets of the Debtor.
Notice - Pursuant to an agreement between Debtor and Secured Party, debtor has agreed not to grant a security interest in the above collateral to any other entity. Accordingly, the acceptance of any security interest by anyone other than the Secured Party is likely to constitute the tortious interference with the Secured Party's rights.
In the event that any entity is granted a security interest in Debtor's accounts, chattel paper or general intangibles contrary to the above, the Secured Party asserts a claim to any proceeds thereof received by such entity.

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:
[UCC1-397072]

SOUTH CAROLINA SECRETARY OF STATE'S OFFICE, 1205 Pendleton Street Suite 525 Columbia, SC 29201 (Rev. 07/01/13)

[redacted]

UCC-1

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)
FilingDept@cscinfo.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703

SC SECRETARY OF STATE S
190528-1345142
Lapse Date: 05/28/2024
Date: 5/28/2019
Time 1:45 PM
Page Count: 2 Pg
Debtor Count: 2
Filing Fees: $8.00
Electronic Records Access: $8.00
Total: $16.00
Order ID#

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: DREAM BIG RESTAURANTS, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c. MAILING ADDRESS: 37 VILLA RD STE 205	CITY: GREENVILLE	STATE: SC	POSTAL CODE: 29615	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: DREAM BIG RESTAURANTS					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
2c. MAILING ADDRESS: 37 VILLA RD STE 205	CITY: GREENVILLE	STATE: SC	POSTAL CODE: 29615	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: CORPORATION SERVICE COMPANY, AS REPRESENTATIVE					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. MAILING ADDRESS: P.O. BOX 2576, UCCSPREP@CSCINFO.COM	CITY: SPRINGFIELD	STATE: IL	POSTAL CODE: 62708	COUNTRY: USA	

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

All Assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h.Deposit Accounts; i. Letter of Credits Rights; j. General Intangibles; k. Supporting Obligations; and l. Proceeds and Products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCER IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS

See additional.

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:
Optional Filer Reference [164593281]

SOUTH CAROLINA SECRETARY OF STATE'S OFFICE, 1205 Pendleton Street Suite 525 Columbia, SC 29201 (Rev. 07/01/13)

UCC FINANCING STATEMENT ADDENDUM UCC-1Ad

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
DREAM BIG RESTAURANTS, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

SC SECRETARY OF STATE S
190528-1345142
Date: 5/28/2019
Time: 1:45 PM
Page Count: 2 Pg
Debtor Count: 2
Filing Fees: $8.00
Electronic Records Access: $8.00
Total: $16.00
Order ID#

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):
THEREOF RECEIVED BY SUCH ENTITY.

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 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

[redacted]

UCC-1

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)
FilingDept@cscinfo.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
Corporation Service Company
801 Adlai Stevenson Dr
Springfield, IL 62703

SC SECRETARY OF STATE
190430-1524539
Lapse Date: 04/30/2024

Date:	4/30/2019
Time	3:24 PM
Page Count:	3 Pg
Debtor Count:	4
Filing Fees:	$14.00
Electronic Records Access:	$8.00
Total:	$22.00
Order ID#	

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: Dream Big Restaurants, LLC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
37 Villa Road, Suite 205	Greenville	SC	29615	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: McDonald's

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
37 Villa Road, Suite 205	Greenville	SC	29615	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: CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 2576, UCCSPREP@CSCINFO.COM	Springfield	IL	62708	USA

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

CERTAIN FUTURE ACCOUNTS, RECEIPTS, AND OTHER CONTRACT RIGHTS SOLD BY Dream Big Restaurants, LLC DBA McDonald's, AS SELLER, AND PURCHASED BY QUICKSILVER CAPITAL LLC, AS BUYER, PURSUANT TO THAT CERTAIN PURCHASE AND SALE OF FUTURE RECEIVABLES AGREEMENT BETWEEN SELLER AND PURCHASER DATED April 24, 2019 (THE "AGREEMENT").

THE SALE OF THE FUTURE RECEIVABLES PURSUANT TO THE AGREEMENT IS INTENDED BY THE PARTIES THERETO TO BE AN OUTRIGHT SALE OF SUCH FUTURE RECEIVABLES AND NOT INTENDED TO BE, NOR IS IT TO BE CONSTRUED AS, A FINANCING OR AN ASSIGNMENT FOR SECURING THE OBLIGATIONS OF THE SELLER.

THIS UCC FINANCING STATEMENT IS FILED FOR NOTICE PURPOSES ONLY.

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:
[163265111]

SOUTH CAROLINA SECRETARY OF STATE'S OFFICE, 1205 Pendleton Street Suite 525 Columbia, SC 29201 (Rev. 07/01/13)

UCC FINANCING STATEMENT ADDENDUM UCC-1Ad

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
Dream Big Restaurants, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

SC SECRETARY OF STATE S
190430-1524539
Date: 4/30/2019
Time: 3:24 PM
Page Count: 3 Pg
Debtor Count: 4
Filing Fees: $14.00
Electronic Records Access: $8.00
Total: $22.00
Order ID#

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
Wilkins

INDIVIDUAL'S FIRST PERSONAL NAME
Phillip

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
K

SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3115 Manor Bridge Drive	Alpharetta	GA	30004	USA

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):

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 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM UCC-1Ad

FOLLOW INSTRUCTIONS

SC SECRETARY OF STATE S
190430-1524539
Date: 4/30/2019
Time: 3:24 PM
Page Count: 3 Pg
Debtor Count: 4
Filing Fees: $14.00
Electronic Records Access: $8.00
Total: $22.00
Order ID#

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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
Dream Big Restaurants, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

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
Wilkins

INDIVIDUAL'S FIRST PERSONAL NAME
Phyllis

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
G

SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3115 Manor Bridge Drive	Alpharetta	GA	30004	USA

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):

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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 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 13700 - TD BANK

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

56929535
SCSC

File with: Secretary of State, SC

SC Secretary of State
File ID: 161222-1521113
Lapse Date: 12/22/2021

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	DREAM BIG RESTAURANTS, LLC				
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
880 South Pleasantburg Drive, Suite 2G		Greenville	SC	29607	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 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 of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME	TD BANK, N.A.				
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1701 Route 70 East		Cherry Hill	NJ	08034	USA

4. COLLATERAL: This financing statement covers the following collateral:
This financing statement covers all personal property and fixtures of the Debtor, whether now owned or hereafter acquired by Debtor, or in which Debtor may now have or hereafter acquire an interest, other than (1) Debtor's right, title and interest in and to the Franchises for McDonald's restaurant business(es) and (2) general intangibles and intellectual property that are not assignable as a matter of law or are not assignable without consent and such consent has not been obtained.

This financing statement covers all of the right, title and interest of Debtor, now owned or hereafter acquired, in and to the following types (or items) of property now owned or hereafter acquired by Debtor, an all accessions and substitutions therefore, and all products and proceeds thereof: All Accounts, Chattel Paper, Deposit Accounts and other payment obligations of a financial institution (including the Secured Party), Documents, All goods, equipment, machinery, furnishings, fixtures, furniture, appliances, accessories, chattels and other articles of personal property of whatever nature now owned by Debtor or hereafter acquired, all accessions and appurtenances thereto, and all renewals and replacements of and substitutions for any of the foregoing, all now or hereafter located, used or intended by Debtor to be located or used at the location(s) specified hereto:

Store #1109 2200 Augusta Road, Greenville, SC 29605

Store #1667 Wade Hampton Boulevard, Greenville, SC 29607

Store #3691 308 West Wade Hampton Boulevard, Greenville, SC 29560

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:
56929535 23873719003 REL 265817 7677

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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
DREAM BIG RESTAURANTS, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

SC Secretary of State
File ID: 161222-1521113
Lapse Date: 12/22/2021

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):

Store #7510 630 Howell Road, Greenville, SC 29615

Store #10063 3618 Pelham Road, Greenville, SC 29615

Store #11593 3 Cannon Drive, Greenville, SC 29605

Store #16321 2137 Old Spartanburg Road, Greer SC, 29650

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 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS: 66929535-SC-0 13700 - TD BANK N.A.-COLL DE TD BANK, N.A. File with: Secretary of State, SC 23873719003 REL 265617 7677

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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
DREAM BIG RESTAURANTS, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

SC Secretary of State
File ID: 161222-1521113
Lapse Date: 12/22/2021

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):
Store #18816 1706 White Horse Road, Greenville, SC 29605

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 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS: 55929535-SC-0 13700 - TD BANK N.A.-COLL DE TD BANK, N.A. File with: Secretary of State, SC 23873719003 REL 285817 7577

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

70468655
SCSC

File with: Secretary of State, SC

SC Secretary of State
File ID: 190624-1514268
Lapse Date: 06/24/2024

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				
	Dream Big Restaurants LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	37 Villa Road Suite 205	Greenville	SC	29615	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	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 of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

	3a. ORGANIZATION'S NAME				
	C T CORPORATION SYSTEM, AS REPRESENTATIVE				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	330 N Brand Blvd, Suite 700; Attn: SPRS	Glendale	CA	91203	USA

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

This filing covers the following properties, assets and rights of Debtor, whether now owned or hereafter acquired (collectively the "Collateral"): (a) all personal property described below or on any exhibit attached hereto, which exhibit is incorporated by reference herein ("Specified Items"); (b) any and all additions, replacements, parts, or accessories to the Specified Items; (c) any rental, chattel paper, accounts, security deposits, relating to the Specified Items or the Agreement; and (d) all proceeds of any and all of the foregoing. In the event serial numbers, vehicle identification numbers or similar information is included below, on an exhibit attached hereto or otherwise in the description of Collateral, such information has been added by Secured Party to the best of its information in an effort to avoid confusion but is not intended to, and shall not, limit the above description of Collateral.

This financing statement is filed to give notice that In case a court should determine that the transaction contemplated by the Lease Agreement constitutes a financing, the Debtor has granted to the Secured Party a first priority security interest in the Equipment and all substitutions, replacements and proceeds, including insurance proceeds, which security interest is perfected by this filing.

Collateral Equipment Includes: TAYLOR FREEZER MODEL C602 WITH CONE DISPENSER AND SYRUP RAIL INSERTS

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:
70468655

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

EXHIBIT D

Weekly Cash Flow Projection

Dream Big Restaurants, LLC

ACORD - CASH REQUIREMENTS

Projection	BEG BAL	Week Ended: 29-Sep	6-Oct	13-Oct	20-Oct	27-Oct	3-Nov	10-Nov	17-Nov	24-Nov	1-Dec	8-Dec	15-Dec	22-Dec	TOTAL
1. CASH ON HAND [Beginning of week]	183,270	183,270	193,852	200,944	210,794	202,514	200,630	183,352	176,639	173,517	174,431	169,373	178,339	190,852	
2. CASH RECEIPTS															
(a) Forecasted Receipts		271,111	263,789	259,291	262,542	275,124	274,146	269,833	236,658	267,599	255,597	232,451	271,478	206,724	3,346,342
(b) Non-Product Sales		3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	39,000
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. TOTAL CASH RECEIPTS [2a + 2b + 2c=3]		274,111	266,789	262,291	265,542	278,124	277,146	272,833	239,658	270,599	258,597	235,451	274,478	209,724	3,385,342
4. TOTAL CASH AVAILABLE [Before cash out] (1 + 3)		457,381	460,641	463,235	476,335	480,638	477,776	456,185	416,297	444,116	433,028	404,824	452,817	400,577	
5. CASH PAID OUT															
COGS															-
Food		75,911	73,861	72,601	73,512	77,035	76,761	75,553	66,264	74,928	71,567	65,086	76,014	57,883	936,976
Paper Goods		10,817	10,525	10,346	10,475	10,977	10,938	10,766	9,443	10,677	10,198	9,275	10,832	8,248	133,519
Controllable Expenses															
Crew Labor		70,489	68,585	67,416	68,260.84	71,532.33	71,278.06	70,156.54	61,531.01	69,575.74	66,455.14	60,437.32	70,584.19	53,748.28	870,049
Management Labor		7,320	7,122	7,001	7,089	7,428	7,402	7,285	6,390	7,225	6,901	6,276	7,330	5,582	90,351
Admin/officer		12,737	12,737	12,737	12,737	12,737	12,737	12,737	12,737	12,737	12,737	12,737	12,737	12,737	
Payroll Taxes		7,919	7,726	7,607	7,693	8,025	7,999	7,886	7,010	7,827	7,510	6,899	7,929	6,220	98,249
Travel		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Advertising		8,269	8,046	7,908	8,008	8,391	8,361	8,230	7,218	8,162	7,796	7,090	8,280	6,305	102,063
Outside Services		4,772	4,643	4,564	4,621	4,842	4,825	4,749	4,165	4,710	4,499	4,091	4,778	3,638	58,896
Linen		352	343	337	341	358	356	351	308	348	332	302	353	269	4,350
Operating Supplies		3,389	3,165	2,982	2,888	4,127	3,427	2,698	2,248	2,408	2,173	1,860	2,172	1,654	35,191
Maintenance & Repair		3,389	3,297	3,241	3,282	3,439	3,427	2,698	2,367	2,676	2,556	2,325	2,715	2,067	37,478
Utilities		8,133	7,914	7,779	7,876	8,254	8,224	8,095	7,100	8,028	7,668	6,974	8,144	6,202	100,390
Office Expense		416	414	412	413	418	418	416	403	415	410	401	417	391	5,743
Admin office rent			2,008												
Cash +/-		407	396	389	394	413	411	405	355	401	383	349	407	310	5,020
Non-Controllable Expenses															
Rent		24,102	23,451	23,051	23,340	24,459	24,372	23,988	21,039	23,790	22,723	20,665	24,134	18,378	
Service Fees		10,953	10,657	10,475	10,607	11,115	11,076	10,901	9,561	10,811	10,326	9,391	10,968	8,352	
Insureance		5,532	5,419	5,350	5,400	5,594	5,579	5,512	5,002	5,478	5,293	4,937	5,538	4,541	
Taxes / Licenses		4,202	4,089	4,019	4,069	4,264	4,249	4,182	3,668	4,148	3,962	3,603	4,208	3,204	
Misc Non-Controllable Expenses		8,350	8,125	7,986	8,086	8,474	8,444	8,311	7,289	8,242	7,872	7,159	8,362	6,367	103,067
Non-Product Cost		(3,931)	(3,825)	(3,760)	(3,807)	(3,989)	(3,975)	(3,913)	(3,432)	(3,880)	(3,706)	(3,371)	(3,936)	(2,998)	
Subtotal	-	263,528	258,697	252,441	255,285	267,893	266,310	261,009	230,665	258,706	247,655	226,485	261,964	203,097	2,580,942
TD Bank			1,000				1,000				1,000				
Schafer and Weiner							15,000				15,000				
Martin Brower contract assumption					18,537	12,115	12,115	18,537	12,115	10,979					
Reserve and/or Escrow [Specify]/Rent Deposits		-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. TOTAL CASH PAID OUT	-	263,528	259,697	252,441	273,822	280,008	294,425	279,546	242,780	269,685	263,655	226,485	261,964	203,097	3,371,132
7. CASH POSITION [End of week] (4 minus 6)	-	193,852	200,944	210,794	202,514	200,630	183,352	176,639	173,517	174,431	169,373	178,339	190,852	197,480	

Case 19-05990-hb Doc 4-1 Filed 09/27/19 Entered 09/27/19 13:34:13 Desc Exhibit Page 17 of 18