

829723

2017 Oct 24 PM01:18

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Gisella Melendez 800-331-3282	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071, USA efiling@wolterskluwer.com (Fax)818-662-4141	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names				
1a. ORGANIZATION'S NAME MICKEYBUS TAXI LLC				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 415 WEST 127TH STREET		CITY NEW YORK	STATE NY	POSTAL CODE 10027 COUNTRY USA
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Limited Liability Company	1f. JURISDICTION OF ORGANIZATION NY	☒ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names				
2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any ☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)				
3a. ORGANIZATION'S NAME TAXI MEDALLION LOAN TRUST III				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 437 MADISON AVENUE		CITY NEW YORK	STATE NY	POSTAL CODE 10022 COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

ALL OF THE FOLLOWING PROPERTY, WHETHER NOW OWNED OR HEREAFTER ACQUIRED BY DEBTOR:
ALL TAXICAB NYC LICENSES AND MEDALLIONS INCLUDING WITHOUT LIMITATION THE FOLLOWING MEDALLION NO.(S) 8N13, 8N14 AND 8N15 AND/OR SUBSCRIPTION RIGHTS TO ANY NYC TAXI MEDALLIONS AND ALL TAXICAB VEHICLES OWNED BY DEBTOR:

ALL ROOF LIGHTS AND TAXIMETERS, ALL EQUIPMENT, GOODS, ACCOUNTS, BANK ACCOUNTS, CONTRACT RIGHTS, INSTRUMENTS AND GENERAL INTANGIBLES, ALL SUBSTITUTIONS FOR, REPLACEMENTS, ADDITIONS TO AND ACCESSORIES THERETO AND PROCEEDS AND PRODUCTS OF THE FOREGOING PROPERTY.

ALL THE RIGHT, TITLE AND INTEREST OF DEBTOR IN, TO AND UNDER ALL LEASES/MANAGEMENT AGREEMENTS (THE "LEASES") FOR THE USE OF THE MEDALLIONS TOGETHER WITH ALL THE RENTS, ROYALTIES, ISSUES, PROFITS, INCOME, SECURITY DEPOSITS, AND OTHER BENEFITS AT ANY TIME OCCURRING WITH RESPECT TO THE LEASES (COLLECTIVELY, THE "RENTS") AND ALL EXTENSIONS, RENEWALS, MODIFICATIONS OR REPLACEMENTS OF THE LEASES, AND TOGETHER WITH ANY AND ALL GUARANTEES OF THE OBLIGATIONS OF THE MANAGERS/LESSEES OF THE LEASES/MANAGEMENT AGREEMENTS, WHETHER NOW EXISTING OR AS SIGNED AFTER THE DATE OF THE ASSIGNMENT CONTAINED IN THIS SECURITY AGREEMENT, AND ALL EXTENSIONS AND RENEWALS OF THE GUARANTEE.

5. ALTERNATIVE DESIGNATION [if applicable]:		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	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 NY-0-61139358-54137621							

Filing Number-201710246293762

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT9a. ORGANIZATION'S NAME **MICKEYBUS TAXI LLC**

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any ☐ NONE**12. ☐ ADDITIONAL SECURED PARTY'S or ☒ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**12a. ORGANIZATION'S NAME **MEDALLION FUNDING LLC**

OR

12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

12c. MAILING ADDRESS **437 Madison Avenue, 38th Floor** CITY **New York** STATE **NY** POSTAL CODE **10022** COUNTRY **USA**13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

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

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years