SEND ACKNOWLEGGMENT TO: (Name and Address) Jonathan D. Schechter, Esq. Gross Shuman P.C. 465 Main Street, Suite 600 Buffalo, New York 14203 DEBTOR'S EXACT FULL LEGAL NAME -insert only gage debtor name (1 or 1b)- do not abbreviate or combine names 1a ORGANIZATION'S NAME WEHRLE GOLF DOME OF CLARENCE LLC 1b. INDIVIDUAL: SLAST NAME MAILING ADDRESS GIY STATE DADY, INFO RE 1e. TYPE OF ORGANIZATION 1g. ORGANIZATION 1g. ORGANIZATIONAL D. e, if any ORGANIZATION'S NAME DODITIONAL DEBT OR'S EXACT FULL LEGAL NAME - insert only gage debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME ADDITIONAL DEBT OR'S EXACT FULL LEGAL NAME - insert only gage debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME ADDITIONAL DEBT OR'S EXACT FULL LEGAL NAME - insert only gage debtor name (2a or 2b) - do not abbreviate or combine names 2b. INDIVIDUAL'S LAST NAME ADDITIONAL DEBT OR'S EXACT FULL LEGAL NAME - insert only gage debtor name (2a or 2b) - do not abbreviate or combine names 2c. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME ADDITIONAL DEBT OR'S EXACT FULL LEGAL NAME - insert only gage debtor name (2a or 2b) - do not abbreviate or combine names 2c. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME ADDITIONAL DEBT OR'S EXACT FULL LEGAL NAME - insert only gage debtor name (2a or 2b) - do not abbreviate or combine names 2c. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX NAME SUFFIX NAME SUFFIX MALING ADDRESS GIY STATE POSTAL CODE COUNTRY A. MIDDLE NAME SUFFIX MALING ADDRESS GIY STATE POSTAL CODE COUNTRY STATE SUFFIX MALING ADDRESS GIY STATE SUFFIX MALING ADDRESS GIY STATE POSTAL CODE COUNTRY STATE SUFFIX A. SUFFIX MALING ADDRESS GIY STATE POSTAL CODE COUNTRY		∂209	78	2010 O	CT 15 PA
Send Acknown Schechter, Esq. 716-854-4300			~~ ~ ^ \	WINOWN	ĭ
Jonathan D. Schechter, Esq. Gross Shuman P.C. 465 Main Street, Suite 600 Buffalo, New York 14203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME-insert only 2008 debtor name (1 or 11b)-do not abbreviate or combine names Ta. ORGANIZATION'S NAME WEHRLE GOLF DOME OF CLARENCE LLC Ta. INDIVIDUAL'S LAST NAME FIRST NAME MIDOLE NAME SUFFIX ADDI. INFO RE 16. TYPE OF ORGANIZATION ADDI. INFO RE 16. TYPE OF ORGANIZA	NAME & PHONE OF CONTACT AT FILER [optional]				
Jonathan D. Schechter, Esq. Gross Shuman P.C. 465 Main Street, Suite 600 Buffalo, New York 14203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME-insert only 2008 debtor name (1 aor 16)-do not abbreviate or combine names Ta. GRADIALTON'S NAME WEHRLE GOLF DOME OF CLARENCE LLC To. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX ADDL INFO RE 10. INDIVIDUAL'S LAST NAME SUFFIX ADDL INFO RE 10. INDIVIDUAL'S LAST NAME SUFFIX ADDL INFO RE 10. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME JONE ADDL INFO RE 20. ORGANIZATION LLC New York ADDL INFO RE 20. REQUIRED PART Y STATE POSTAL CODE COUNTRY NOW YORK ADDL INFO RE 20. REQUIRED PART Y STATE POSTAL CODE COUNTRY ADDL INFO RE 20. REQUIRED PART Y STATE POSTAL CODE COUNTRY ADDL INFO RE 20. TYPE OF ORGANIZATION 21. JURISDICTION OF ORGANIZATION 22. JURISDICTION OF ORGANIZATION 23. ORGANIZATIONAL ID #, if any DEBTOR POSTAL CODE COUNTRY ADDL INFO RE 20. TYPE OF ORGANIZATION 21. JURISDICTION OF ORGANIZATION 22. JURISDICTION OF ORGANIZATION 23. ORGANIZATIONAL ID #, if any DEBTOR ADDL INFO RE 30. REQUIRED PART Y STAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX BALLING ADDRESS GITY STATE POSTAL CODE COUNTRY NONE SECURED PART Y STAME MIDDLE NAME SUFFIX A. SUFFIX BALLING ADDRESS GITY STATE POSTAL CODE COUNTRY A. SUFFIX SUFFIX	Jonathan D. Schechter, Esq. ; 716-854-4300		ACC	r# 52	
Jonathan D. Schechter, Esq. Gross Shuman P.C. 465 Main Street, Suite 600 Buffalo, New York 14203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME—insert only 2019 debtor name (1a or 1b)-do not abbreviate or combine names 1a. ORGANIZATION'S NAME WEHRLE GOLF DOME OF CLARENCE LLC To. INDIVIDUAL SLASTNAME FIRST NAME MIDDLE NAME SUFFIX STATE DOSTAL CODE COUNTRY 11. JURISDICTION OF ORGANIZATION DEBTOR ADD'LINFO RE 1a. TYPE OF ORGANIZATION DEBTOR ADD'LINFO RE 2a. TYPE OF ORGANIZATION DEBTOR ADD'LINFO RE 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME MIDDLE NAME SUFFIX NONE ADD'LINFO RE 2c. TYPE OF ORGANIZATION DEBTOR ADD'LINFO RE COUNTRY MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX STATE POSTAL CODE GOUNTRY MONE SECURED PAR I YSTAME (IN NAME (IN NAME (IN NAME (IN NAME IN NAME I	3. SEND ACKNOWLEDGMENT TO: (Name and Address)		ACC		
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c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY			A		
105 Transit Dood Suite 140				POSTAL CODE	COUNTRY
	6105 Transit Road. Suite 140	East Amherst	NY	14051	USA

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 ESTATE RECORDS. Attach Addendum	or record] (or recorded) in the REAL 7. Check to RE [if applicable] [ADDITIONA	QUEST SEARCH REPOR	T(S) on Debtor(s) optional	All Debtors	Debtor 1 Debtor 2
8, OPTIONAL FILER REFERENCE DATA					
To be filed with the New York Se	ecretary of State				

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ICC FINANCING STATE	EMENT ADDENDUM					J• J()
OLLOW INSTRUCTIONS (front and b						
. NAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING STA	ATEMENT				
9a. ORGANIZATION'S NAME						
WEHRLE GOLF DOM	E OF CLARENCE LLC					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
0.MISCELLANEOUS:						
J. MIGOLLEY MALOOS.						
	•					
			THE ABOVE	SPACE I	S FOR FILING OFFIC	E USE ONLY
1. ADDITIONAL DEBTOR'S EXACT	T ELUL I ECAL NAME insert only one	name (11a or 11b) do not abbres				···
11. ADDITIONAL DEBTOR 5 EXACT	FULL LEGAL NAIVE - Insert only one	name (112 of 115) - 60 Not abbles	late of combine flame	-		
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11b. INDIVIDUAL'S LAST NAME	,	FIRST NAME		MIDDLE I	NAME	SUFFIX
The artificial Control of the						
1c. MAILING ADDRESS		СПУ		STATE	POSTAL CODE	COUNTRY
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ORGANIZA		1				. No
DEBTOR		2	40 401			1140
2. ADDITIONAL SECURED PA	RIY'S or ASSIGNOR S/P	S NAME - insert only one name	(12a or 12b)			
124. ORGANIZATION GTVANIZ		•				
OR 12b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
128. INDIVIDUAL S LAST MAINE		, and , and				-
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
20. WALKS ADDITED						
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral descr	iption:	<u> </u>	J	
collateral, or is filed as a fixture fili			•			
4. Description of real estate:						
8230 Wehrle Drive						
Town of Clarence		1				
Erie County, New York 142						
Effe County, New Tork 142	221					
SBL No. 82.01-1-10.121	221					
	221					
500 110. 02.01-1-10.121	221					
5DE 140, 62.01-1-10.121	221					
GDE 110. 02.01-1-10.121	221					
5DE 110. 62.01-1-10.121	221					
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15. Name and address of a RECORD OW	NER of above-described real estate					
	NER of above-described real estate					
15, Name and address of a RECORD OW	NER of above-described real estate					
15. Name and address of a RECORD OW	NER of above-described real estate	17. Check <u>only</u> if applicable a				·
15. Name and address of a RECORD OWN	NER of above-described real estate	Debtor is a Trust or	Trustee acting with re	spect to p	roperty held in trust or	Decedent's Es
15, Name and address of a RECORD OW	NER of above-described real estate		Trustee acting with re	spect to p	roperty held in trust or	Decedent's Es
15, Name and address of a RECORD OW	NER of above-described real estate	Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTIN	Trustee acting with re nd check <u>only</u> one boo IG UTILITY	espect to p		Decedent's Est
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