

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 <b>MICKEYBUS TAXI LLC</b>				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>415 WEST 127TH STREET</b>		CITY <b>NEW YORK</b>	STATE <b>NY</b>	POSTAL CODE <b>10027</b> COUNTRY <b>USA</b>
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>Limited Liability Company</b>	1f. JURISDICTION OF ORGANIZATION <b>NY</b>	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <b>TAXI MEDALLION LOAN TRUST III</b>				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>437 MADISON AVENUE</b>		CITY <b>NEW YORK</b>	STATE <b>NY</b>	POSTAL CODE <b>10022</b> COUNTRY <b>USA</b>

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. <input type="checkbox"/> 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 <b>NY-0-61139358-54137621</b>							

**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 STATEMENT**9a. 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 INSTRUCTIONSADD'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