

STATE OF NEW JERSEY UNIFORM COMMERCIAL CODE FINANCING STATEMENT REQUEST FORM

NJ UCC Statement Service
1977 North Olden Ave #250
Trenton, NJ 08618

QUESTIONS?



PLEASE EMAIL:

njcs@annualminutesfiling.com
or Call Toll Free
1-866-301-2738

C and L General Services, LLC
4141 Rockside Rd Ste 100
Seven Hills, OH 44131-2537

IMPORTANT: FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.

UCC DOCUMENT NUMBER: 55770431	FILING DATE: 2/22/2022	PLEASE RESPOND BY: 3/10/2022
DEBTOR PARTIES: C and L General Services, LLC 4141 Rockside Rd Ste 100 Seven Hills, OH 44131-2537		
SECURED PARTIES: GOLDMAN SACHS PRIVATE MIDDLE MARKET CREDIT II LLC, AS COLLATERAL AGENT 200 WEST STREET		

The State of New Jersey Universal Commercial Code (UCC) has recently filed a financing statement form in your name. This statement outlines the collateral that will cover the Secured Party if you default. It is important for you to keep your own record of this statement and fully understand them. Complete the form below to order your New Jersey UUC financing statement.

Please confirm the accuracy of the information below on your State of New Jersey UCC Financing Statement.

The Uniform Commercial Code (UCC) is a comprehensive set of laws governing all commercial transactions in the United States. It is not a federal law, but a uniformly adopted state law. Uniformity of law is essential in this area for the interstate transaction of business. Because the UCC has been universally adopted, businesses can enter into contracts with confidence that the terms will be enforced in the same way by the courts of every American jurisdiction. NJ UCC Statement Services is not affiliated with any state or government agency and this notice is a solicitation, you are not required to use our services. To order your statement complete the form below and NJ UCC Statement Services will obtain and mail a hard copy of your New Jersey UCC Financing Statement Form.

Step 1: Please Confirm Business Name & Address Are Correct

Business Name: C and L General Services, LLC	UCC DOCUMENT NUMBER: 55770431
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Step 2: Contact Information - Do NOT Skip This Step! Email & Contact Number Required for Processing.

Name:	Email:
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Step 3: Payment - Select Payment Method & Double Check Payment Information.

CHECK OR MONEY ORDER ENCLOSED
IN THE AMOUNT OF: \$80.00

Please make your check or money order payable to:
NJ UCC Statement Service
1977 North Olden Ave #250
Trenton, NJ 08618

*(PLEASE ALLOW UP TO TWO WEEKS FOR
PROCESSING AND RETURN OF DOCUMENT)*



Step 4: Authorization Please Sign, Date & Return this Form with Payment Enclosed in Return Envelope Provided

Signature:	Date:
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions 8003313282	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 US	

State of New Jersey
Department of the Treasury
Division of Revenue & Enterprise Services
UCC Section
Filed

Filing Number:55770431

02/22/22 17:08:35

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 C & L General Services, LLC				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 4141 Rockside Road, Suite 100		CITY Cleveland	STATE OH	POSTAL CODE 44131
				COUNTRY US

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 Goldman Sachs Private Middle Market Credit II LLC, as Collateral Agent				
OR	3b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS 200 West Street		CITY New York	STATE NY	POSTAL CODE 10282
				COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:
All assets of the Debtor, whether now owned or existing or hereafter acquired or arising and wherever located. The filer attests that the Collateral set forth in this Financing Statement is within the scope of the New Jersey Uniform Commercial Code- Secured Transactions pursuant to N.J.S.A. 12A: 9-102 and N.J.S.A. 12A: 9-109, as required by N.J.S.A. 12A: 9-502.

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:				
<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:
			<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 type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor				
8. OPTIONAL FILER REFERENCE DATA: 85023945				

STATE OF NEW JERSEY UNIFORM COMMERCIAL CODE FINANCING STATEMENT REQUEST FORM

NJ UCC Statement Service
1977 North Olden Ave #250
Trenton, NJ 08618

QUESTIONS?



PLEASE EMAIL:

njcs@annualminutesfiling.com
or Call Toll Free
1-866-301-2738

C&L Sweeper Service, LLC
4141 Rockside Rd Ste 100
Seven Hills, OH 44131-2537

IMPORTANT: FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.

UCC DOCUMENT NUMBER: 55770444	FILING DATE: 2/22/2022	PLEASE RESPOND BY: 3/10/2022
DEBTOR PARTIES: C&L Sweeper Service, LLC 4141 Rockside Rd Ste 100 Seven Hills, OH 44131-2537		
SECURED PARTIES: GOLDMAN SACHS PRIVATE MIDDLE MARKET CREDIT II LLC, AS COLLATERAL AGENT 200 WEST STREET		

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Step 1: Please Confirm Business Name & Address Are Correct

Business Name: C&L Sweeper Service, LLC	UCC DOCUMENT NUMBER: 55770444
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Step 2: Contact Information - Do NOT Skip This Step! Email & Contact Number Required for Processing.

Name:	Email:
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Step 3: Payment - Select Payment Method & Double Check Payment Information.

**CHECK OR MONEY ORDER ENCLOSED
IN THE AMOUNT OF: \$80.00**

*(PLEASE ALLOW UP TO TWO WEEKS FOR
PROCESSING AND RETURN OF DOCUMENT)*

Please make your check or money order payable to:
NJ UCC Statement Service
1977 North Olden Ave #250
Trenton, NJ 08618



Step 4: Authorization Please Sign, Date & Return this Form with Payment Enclosed in Return Envelope Provided

Signature:	Date:
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STATE OF NEW JERSEY UNIFORM COMMERCIAL CODE FINANCING STATEMENT REQUEST FORM

NJ UCC Statement Service
1977 North Olden Ave #250
Trenton, NJ 08618

QUESTIONS?



PLEASE EMAIL:

njcs@annualminutesfiling.com
or Call Toll Free
1-866-301-2738

C and L Disposal Services Limited Liability Company
4141 Rockside Rd Ste 100
Seven Hills, OH 44131-2537

IMPORTANT: FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT CLEARLY.

UCC DOCUMENT NUMBER: 55770415	FILING DATE: 2/22/2022	PLEASE RESPOND BY: 3/10/2022
DEBTOR PARTIES: C and L Disposal Services Limited Liability Company 4141 Rockside Rd Ste 100 Seven Hills, OH 44131-2537		
SECURED PARTIES: GOLDMAN SACHS PRIVATE MIDDLE MARKET CREDIT II LLC, AS COLLATERAL AGENT 200 WEST STREET		

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Step 1: Please Confirm Business Name & Address Are Correct

Business Name: C and L Disposal Services Limited Liability Company	UCC DOCUMENT NUMBER: 55770415
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Step 2: Contact Information - Do NOT Skip This Step! Email & Contact Number Required for Processing.

Name:	Email:
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Step 3: Payment - Select Payment Method & Double Check Payment Information.

CHECK OR MONEY ORDER ENCLOSED
IN THE AMOUNT OF: \$80.00

Please make your check or money order payable to:
NJ UCC Statement Service
1977 North Olden Ave #250
Trenton, NJ 08618

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PROCESSING AND RETURN OF DOCUMENT)*



Step 4: Authorization Please Sign, Date & Return this Form with Payment Enclosed in Return Envelope Provided

Signature:	Date:
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions 8003313282	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 US	

State of New Jersey
Department of the Treasury
Division of Revenue & Enterprise Services
UCC Section
Filed

Filing Number:55770415

02/22/22 17:06:06

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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 C & L DISPOSAL SERVICES LIMITED LIABILITY COMPANY						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 4141 Rockside Road, Suite 100			CITY Cleveland	STATE OH	POSTAL CODE 44131	COUNTRY US

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 Goldman Sachs Private Middle Market Credit II LLC, as Collateral Agent						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 200 West Street			CITY New York	STATE NY	POSTAL CODE 10282	COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:
All assets of the Debtor, whether now owned or existing or hereafter acquired or arising and wherever located. The filer attests that the Collateral set forth in this Financing Statement is within the scope of the New Jersey Uniform Commercial Code- Secured Transactions pursuant to N.J.S.A. 12A: 9-102 and N.J.S.A. 12A: 9-109, as required by N.J.S.A. 12A: 9-502.

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:
85023942