

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

Janette Richards 307-672-1486

## B. E-MAIL CONTACT AT FILER (optional)

janette.richards@fib.com

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

First Interstate Bank  
 Sheridan Downtown Branch  
 4 South Main Street  
 Sheridan, WY 82801-2007



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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

Black Tooth Brewing Company, LLC

OR

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

312 Broadway St

## CITY

Sheridan

## STATE

WY

## POSTAL CODE

82801-3917

## 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

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 Interstate Bank

OR

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

4 South Main Street, P. O. Box 2007

## CITY

Sheridan

## STATE

WY

## POSTAL CODE

82801-2007

## COUNTRY

USA

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

All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

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:



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## 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

Black Tooth Brewing Company, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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

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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):

Blacktooth Building, LLC  
312 Broadway St  
Sheridan, WY 82801

16. Description of real estate:

Lots 2, 4 and 6 and the East 15 feet and 5 inches of Lot 8 in Block 13 of the Corrected Plat of Grinnell Addition to the City of Sheridan, Sheridan County, Wyoming.

**NO. 2016-729403 FIXTURE FILING**

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK  
FIB OF SHERIDAN PO BOX 2007  
SHERIDAN WY 82801

17. MISCELLANEOUS: