

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19412 - LEASING
Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
2024-020400
1:52 PM 2024 Aug 2

100053950
IN IN
FIXTURE

File with: Lake, IN

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 a/j 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 Deaniko, Inc.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)(INITIAL(S))	SUFFIX
1c. MAILING ADDRESS 2251 US Hwy 41				
	CITY Schererville	STATE IN	POSTAL CODE 46375	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 a/j 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 Leasing Innovations, Incorporated				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)(INITIAL(S))	SUFFIX
3c. MAILING ADDRESS 446 Main Street, STE 1905				
	CITY Worcester	STATE MA	POSTAL CODE 01608	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
Lease Agreement No. HGF072324-2 and the following equipment leased by the above-named debtor under Lease Agreement No. HGF072324-2; (SEE ATTACHED SCHEDULE A); and all the proceeds, including insurance proceeds of and from said equipment.

Equipment Location:
Longshots Sports Bar
2251 US Hwy 41
Schererville, IN 46375

ck#20537793

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): Lessor/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
100053950 HGF072324-2 \$2500

NOT AN OFFICIAL DOCUMENT

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

Deaniko, Inc.

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

POSTAL CODE

COUNTRY

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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Slobodan Lakich
2251 Wicker Ave.
Scherverville, IN 46375

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Description of real estate:

Lot 2 and 3 of the East Horizon Subdivision,
Scherverville, Indiana, as per plat thereof recorded in
Plat Book 48, Page 77 in the Office of the Recorder of
Lake County, Indiana.

SCHEDULE A

LEASE NO.: HGF072324-2

LESSEE: DEANIKO, INC. D/B/A LONGSHOTS SPORTS BAR

LESSOR: LEASING INNOVATIONS, INCORPORATED

QTY DESCRIPTION

Full-Swing Golf, Inc.

- (2) Pro 2.0 Series Simulator (P405-A) Pro 2.0 Simulator: What's Included: Pro 2.0 hardware components including overhead Ion3 & infrared HyperClear Cameras for both RH and LH players, premium solid-wood enclosure & platform, custom-built computer, enhanced premium projector, 24" LCD Touchscreen, energy absorbing diffuser screen and professional grade hitting mat & sound bar.
- (2) Showdown Golf 20 Golf Skills Challenges
- (2) Software, Sports Pack 1 Multi-Sport License Includes: Home Run Derby, Field Goal Challenge, High Heat, QB Challenge, Basketball, Bocce
- (2) Software, Sports Pack 2 Multi-Sport License Includes: Soccer, Lacrosse, Rugby, Hockey, Cricket, Zombie Dodgeball, Carnival
- (2) Pro Standard Projector, Included Laser, HD, WUXGA, 7000 Lumens