A NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) Matthew B. Edwards PO Box 2248 Greenville, SC 29602 2248 Greenville, SC 29602 2248 Greenville, SC 29602 2248 Greenville, SC 29602 7248 The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		STATE	NS	2021		6/10/2016	11:24 AM	1 Pg	(\$8.00	\$8.00		\$16.00	45203614
C.S.END. ACKNOWLEDGMENT TO: (Name and Address) Matthew B. Edwards PO Box 2248 Greenville, SC 29602 2248 Greenville, SC 29602 2248 Greenville, SC 29602 2248 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPA	8642320041		OF	55	6/10/		6/1	=							4.
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modif), or abbreviate any part of the Debtor's name; any part of the Individual Debtor information is term 10 of the Financing Statement Addendum (Form UCC1Ad) 15. ORGANIZATION'S NAME Irrevocable Trust Agreement dated September 7, 2012 established by David M. McGrath, as Settlor 16. Individuals Suriname 16. Individuals Suriname 16. Individuals Suriname 17. Enter Individual Debtor information is term 10 of the Financing Statement Addendum (Form UCC1Ad) 18. ORGANIZATION'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modif), or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modif), or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 1b. Individuals Suriname 1b. Individuals Debtor name (2a or 2b) (use exact, full name; do not omit, modif), or abbreviate any part of the Debtor's name; if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2a. ORGANIZATION'S NAME 1c. MAILING ADDRESS 1c. MAILIN	Matthew B. Edwards	一		1241	Date:		: •	ne	ye Count:	otor Count:	Ling Fees:	nic Acces		tal:	ler ID#
1. DEBTOR'S NAME: Provide only goz Debtor name (1a or 1b) (use exact, full name; do not omlt, mostly, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in this line to, lawer all of item 1 blank, cleek here and provide the Individual Debtor information in tem 1 for the Financing Statement Addendum (Form UCCTAs) The Committee intervocable Trust Agreement dated September 7, 2012 established by David M. McGrath, as Settlor The Committee intervocable Trust Agreement dated September 7, 2012 established by David M. McGrath, as Settlor The Mall-ING ADDRESS CITY STATE POSTAL CODE COUNTRY 2a. DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor name will not fit in tine 2b, have 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 DRAW STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY	Greenville, SC 29602 2248		S										ON		Orc
Irrevocable Trust Agreement dated September 7, 2012 established by David M. McGrath, as Settlor Total Individual's SURNAME Provide only gag 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 Information in Item 10 of the Prinancing Statement Addendum (Form UCC1Ad)				or abbre	viate ar	ny part	of th	e Debte	or's na	me); it	any p	art of the I	ndivi	dual E	ebtor'
First Personal Name First Personal Name Additional Name(Sylinital(s) Suffix		2 established b	v Davi	d M.	McGı	rath.	as :	Settle	or						
10 Atlantic Street Charleston SC 29401 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 name will not fit in line 2b, leave all of tem 2 blank, check here and provide the Individual Debtor information in tem 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 3. SECURED PARTY'S NAME or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gog Secured Party name (3a or 3b) 3a. CRGANIZATION'S NAME OR 3b. INDIVIDUAL'S SURNAME MCGrath David M SC 29401 US Charleston SC 29401 US COUNTRY STATE POSTAL CODE COUNTRY OCAPITEAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company 5c. Check colly if applicable and check only one box: Collateral is X held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decadent's Personal Representation being administered by a Decadent's Personal Representation	↑R		*							NAME	E(S)/IN	ITIAL(\$)	ľ	SUFFI	X
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 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 PRESONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3c. MAILING ADDRESS CITY SITATE POSTAL CODE COUNTRY David M Sumptividual's Surname FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY COUNTRY Charleston SC 29401 US 4. COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company 5. Check only if applicable and check only one box: Collateral is X held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative country in the part of the Debtor's name; if any part of the Individual Debtor information in lem 10 of the Financing Statement Addendum (Form UCC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 17 and instructions Debtor above the Financing Statement Addendum (Form UcC1Ad) item 10 of the Financing Statement Addendum (Financing Statement Addendu													- 1	1	
2a. ORGANIZATION'S NAME FIRST PERSONAL NAME			modify, c	or abbre	viate ar	ny part						art of the I	1		ebtor's
25. INDIVIDUAL'S SURNAME PIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX		e the Individual Debto	or informa	ation in	item 10	of the	Fina	ncing S	tatem	ent Ac	ldendu	m (Form l	JCC1	Ad)	
33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 39. ORGANIZATION'S NAME OR 30. INDIVIDUAL'S SURNAME McGrath David M 30. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 10. Atlantic Street Charleston Charleston SC 29401 US 4. COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company	DR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME					ADDITIONAL NAME(S)/INITIAL(S)					5	SUFFI	x
3a. ORGANIZATION'S NAME OR 3b. INDIVIDUAL'S SURNAME McGrath David M 3c. MAILING ADDRESS CITY Charleston COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company 5. Check only if applicable and check only one box: Collateral is X held in a Trust (see UCC1Ad, item 17 and Instructions) David M ADDITIONAL NAME(S)/INITIAL(S) SUFFIX M M COUNTRY SC 29401 US COUNTRY SC 29401 US Street LLC, a Delaware limited liability company		CITY			+	STATE	PC	STAL	CODE	DDE			TRY		
McGrath David McGrath McGrath STATE POSTAL CODE COUNTRY STATE POSTAL CODE	≿. MAILING ADDRESS	CITY					1		-						
McGrath David McGrath David M CITY Charleston CITY Charleston COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company 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.	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC		vide only	one Se	cured F	Party na	ame	(За ог 3	b)						
10 Atlantic Street 4. COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company 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	3a. ORGANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Pro			cured F	Party na				NAME	(S)/IN	ITIAL(S)		SUFFI	X
4. COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twenty-Nine and 18/100 (53,429.18) Class B Shares of Woolfe Street LLC, a Delaware limited liability company 5. Check only if applicable and check only one box: Collateral is X held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative	39. ORGANIZATION'S NAME 39. ORGANIZATION'S NAME OR 30. INDIVIDUAL'S SURNAME	CURED PARTY): Pro			cured F	Party na		ADDITI		NAME	E(S)/IN	ITIAL(S)		SUFFI	×
	38. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNOR PARTY'S NAME (or NAME of ASSIGNOR PARTY'S NAME (or NAME of ASSIGNOR PARTY'S NAME (or N	FIRST PERSONA David CITY			cured F	Party na	ALL PLANTAGE AND ADDRESS AND A	ADDITI	ONAL	STAL	CODE		-	COUN	
	33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECOND	FIRST PERSONA David CITY Charleston	AL NAME				ALLER LA PROPERTY DEPLETATION OF THE PROPERTY DEPLETATION	ADDITION M STATE SC	PO 2	stal 9401	CODE		•	COUN US	TRY
	33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECOND	FIRST PERSONA David CITY Charleston	AL NAME				ALLER LA PROPERTY DEPLETATION OF THE PROPERTY DEPLETATION	ADDITION M STATE SC	PO 2	stal 9401	CODE		•	COUN US	TRY
	33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECOND	FIRST PERSONA David CITY Charleston	AL NAME				ALLER LA PROPERTY DEPLETATION OF THE PROPERTY DEPLETATION	ADDITION M STATE SC	PO 2	stal 9401	CODE		•	COUN US	TRY
	33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECOND	FIRST PERSONA David CITY Charleston	AL NAME				ALLER LA PROPERTY DEPLETATION OF THE PROPERTY DEPLETATION	ADDITION M STATE SC	PO 2	stal 9401	CODE		•	COUN US	TRY
	33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECOND	FIRST PERSONA David CITY Charleston	AL NAME				ALLER LA PROPERTY DEPLETATION OF THE PROPERTY DEPLETATION	ADDITION M STATE SC	PO 2	stal 9401	CODE		•	COUN US	TRY
	33. ORGANIZATION'S NAME OR 34. INDIVIDUAL'S SURNAME McGrath 35. MAILING ADDRESS 10 Atlantic Street 4. COLLATERAL: This financing statement covers the following collateral: Fifty-Three Thousand Four Hundred Twent Street LLC, a Delaware limited liability com	FIRST PERSONA David CITY Charleston ty-Nine and	18/ ²	100	(53,	429).18	M M STATE SC SC	PO 29	9401 s B	Sh	ares	of	US Wo	olfe