

TAB B-1

TORO.

Lease Schedule #001
Master Lease Agreement # 8394851

EQUIPMENT:

Quantity	Equipment Model and Description DALL EQUIPMENT, SOFTWARE AND OTHER PROPERTY MORE FULLY DESCRIBED IN EQUIPMENT SCHEDULE ATTACHED HERETO AND MADE A PART HEREOF	Serial Number	Contracted Hrs (FMV Only)		
			0-600	601-900	901-1200

☒ See attached schedule for Equipment / Accessories

Equipment Location: 301 BEAVER DAM RD., TRAVELERS REST, SC 29690

SUPPLIER:

SMITH TURF & IRRIGATION COMPAN

Name

4355 GOLF ACRES DR

Address

CHARLOTTE

NC

28208

City

State

Zip

PURCHASE OPTION AT END:

☒ Fair Market Value

"Master Agreement" shall mean the above referenced Master Lease Agreement.
"Schedule" shall mean this Lease Schedule. "Lease" shall mean this Schedule
and the Master Agreement.

YOU HAVE SELECTED THE EQUIPMENT. THE SUPPLIER AND ITS REPRESENTATIVES ARE NOT OUR AGENTS AND ARE NOT AUTHORIZED TO MODIFY THE TERMS OF THIS LEASE. YOU ARE AWARE OF THE NAME OF THE MANUFACTURER OF EACH ITEM OF EQUIPMENT AND YOU WILL CONTACT EACH MANUFACTURER FOR A DESCRIPTION OF YOUR WARRANTY RIGHTS. WE MAKE NO WARRANTIES TO YOU, EXPRESS OR IMPLIED, AS TO THE MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SUITABILITY, OR OTHERWISE. WE PROVIDE THE EQUIPMENT TO YOU AS-IS. WE SHALL NOT BE LIABLE FOR CONSEQUENTIAL OR SPECIAL DAMAGES. YOUR PAYMENT OBLIGATIONS ARE ABSOLUTE AND UNCONDITIONAL AND ARE NOT SUBJECT TO CANCELLATION, REDUCTION OR SETOFF FOR ANY REASON WHATSOEVER. BOTH PARTIES AGREE TO WAIVE ALL RIGHTS TO A JURY TRIAL. THIS LEASE SHALL BE GOVERNED BY THE LAWS OF ILLINOIS. YOU CONSENT TO THE JURISDICTION AND VENUE OF FEDERAL AND STATE COURTS IN ILLINOIS.

ALL OF THE TERMS AND CONDITIONS SET FORTH IN THE MASTER AGREEMENT ARE HEREBY INCORPORATED INTO THIS SCHEDULE. BY SIGNING THIS SCHEDULE, YOU AGREE TO THE TERMS OF THIS SCHEDULE AND THE MASTER AGREEMENT. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE TO PROTECT YOU AND US FROM MISUNDERSTANDING OR DISAPPOINTMENT. ANY AGREEMENTS WE REACH COVERING SUCH MATTERS ARE CONTAINED IN THIS WRITING, WHICH IS THE COMPLETE AND EXCLUSIVE STATEMENT OF THE AGREEMENT BETWEEN US, EXCEPT AS WE MAY LATER AGREE IN WRITING TO MODIFY IT.

TRANSACTION TERMS:

Lease Payment: \$7,305.24 (plus applicable taxes)
Term: 56 Months

Billing Period: Monthly

The following additional payments are due on the date this Agreement is signed by you:

ADVANCE PAYMENT: **\$7,305.24 (plus applicable taxes)
** Applied to 1st Payment
DOCUMENT FEE: \$250.00 (included in financed amount)

LESSOR ("We", "Us")

GENERAL ELECTRIC CAPITAL CORPORATION
1961 Hirst Drive
Moberly, MO 65270

By:

Name:

Title:

Date:

Renee Hale

SCS
9908

LESSEE ("You")

THE CLIFFS COMMUNITIES, INC.

Full Legal Name

THE CLIFFS AT KEOWEE SPRINGS

D/B/A

301 BEAVER DAM RD.

Billing Address

TRAVELERS REST

SC

29690

City

State

Zip

JIM ANTHONY

(864) 836-1120

Contact Name

Phone

By: ☒

Signature of Authorized Signer

Name: ☒

Please Print

Title: ☒

Please Print

Date: ☒

Date of Signature

8-8-08 Fed Tax ID: 571113720

TORO

Agreement No. 8394851001

TO BE COMPLETED AND RETURNED WITH SIGNED AGREEMENT

SHIP TO:

NAME: KEOWEE SPRINGS GOLF MAINTENANCE
ADDRESS: 158 KEDWEE BAPTIST CHURCH ROAD
CITY, ST, ZIP: SIX MILE, SC 29682
ATTENTION: JOHN NACHREINER

BILL TO:
(If different than SHIP TO address)

NAME: THE CLIFFS COMMUNITIES INC.
ADDRESS: PO BOX 1549
CITY, ST, ZIP: TRAVELERS REST, SC 29690
ATTENTION: KIM MORGAN
FEDERAL TAX ID#: 57-1112849

CONTACT NAME: KIM MORGAN
PHONE NUMBER: 864-371-1050 FAX NUMBER: 864-836-8176 CELL NUMBER: N/A
BEST TIME TO REACH: 8:00 AM - 5:00 PM M-F

TORO

Exhibit A

Lease Schedule #: 8394851001

EQUIPMENT

Qty	Equipment Description	Serial Number	Contracted Hrs (FMV Only)		
			0-600	601-900	901-1200
7	21" GREENSMaster 1000 W/ATTACHMENTS			X	
4	GREENSMaster 1600 W/ATTACHMENTS			X	
1	GREENSMaster 3150 W/ATTACHMENTS			X	
1	REELMASTER 5610 W/ATTACHMENTS			X	
2	WORKMAN 3200 W/ATTACHMENTS			X	
9	WORKMAN MDX W/ATTACHMENTS			X	
1	REELMASTER 3100-D SIDEWINDER W/ATTACHMENTS			X	
1	MULTIPRO 5700-D W/ATTACHMENTS			X	
3	COOLTOP FAN & CANOPY COMBINATION			X	
8	TRANS PRO 100			X	
1	VP DAKOTA 410 W/ATTACHMENTS			X	
1	TRU TURF ROLLER			X	

Equipment Location: 301 Beaver Dam Rd., Travelers Rest, SC 29690

LESSOR: GENERAL ELECTRIC CAPITAL CORPORATION

BY:

NAME:

TITLE:

DATE:

Renee Hale

LESSEE: THE CLIFFS COMMUNITIES, INC.

BY:

NAME:

TITLE:

DATE:

X

X

X

X

Steve Seman

STEVE SEMAN

Dir Procurement

8.8.08

Paperwork

For Imaging

Account Schedule Number: 8394851 - 001

Account Name: The Cliffs Communities, Inc.

Associates Name: A. Hemmer

Date: 10/03/08

Doc Class

Misc

- ☐ Assumption
- ☐ Address Change
- ☐ Credit Misc
- ☐ Insurance
- ☐ Lessee Corr
- ☐ Lessee Misc
- ☐ Name Change
- ☐ TAX
- ☐ Supporting Docs
- ☐ UBB
- ☐ Vendor Corr
- ☐ Vendor Misc

Contracts

- ☐ Contracts Misc
- ☐ Lease Modification
- ☐ Rebook
- ☐ Securitized
- ☒ UCC

Quotes

- ☐ Buyout
- ☐ Upgrade
- ☐ Partial

Litigation

☐ _____

☐ Other



CLIFFS COMMUNITIES

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC Diligenz, Inc. 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 36508883 CSC Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275	
L Filed In: South Carolina (S.O.S.)	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME The Cliffs Communities, Inc.					
OR	1b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c MAILING ADDRESS 301 Beaver Dam Rd		CITY Travelers Rest	STATE SC	POSTAL CODE 29690	COUNTRY USA
1d SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION C-Corp-Private	1f. JURISDICTION OF ORGANIZATION SC	1g ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 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 SEE INSTRUCTIONS	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 one secured party name (3a or 3b)

3a ORGANIZATION'S NAME General Electric Capital Corp.					
OR	3b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c MAILING ADDRESS 1961 Hirst Drive		CITY Moberly	STATE MO	POSTAL CODE 65270	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All Equipment, described herein or otherwise, leased to or financed for the Debtor by Secured Party under that certain Master Lease Agreement No. 8394851-001 including all accessions, accessions, replacements, additions, substitutions, add-ons and upgrades thereto, and any proceeds therefrom.

080822-0962526 UCC-1 FINANCING STATEMENT
Lapse Date 08/22/2013 09:52:52 Filing Fee: 8 ORIG
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

5. ALTERNATIVE DESIGNATION (if applicable)		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOB	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. 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) (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA Moberly - EFS 8394851001		36508883					