**This Agreement (“Agreement”) is made and entered into on May 27, 2024, by and between:**

|  |  |
| --- | --- |
| **Parent LLC:**  ARIBIA LLC 550 Surf St. Chicago, IL 60657 | **Series Providing Collateral:**  ARIBIA LLC - CITY STUDIO 550 Surf St. Chicago, IL 60657 |

**Purpose:**

* To document the agreement for ARIBIA LLC to use the assets of ARIBIA LLC - CITY STUDIO as collateral for a loan from Sharon Elizabeth Jones

**Agreement:**

1. **Collateral:** ARIBIA LLC - CITY STUDIO agrees to allow its assets, including the property located at 550 W Surf St. #C211, Chicago, IL 60657, to be used as collateral for the loan taken out by ARIBIA LLC.
2. **Documentation:** This agreement will be documented with a security agreement and appropriate filings to provide public notice of the collateral arrangement.
3. **Liability:** ARIBIA LLC will be solely responsible for repaying the loan to Sharon Elizabeth Jones. ARIBIA LLC - CITY STUDIO will not be responsible for the loan payments.

**Signatures:**

|  |  |  |
| --- | --- | --- |
|  | President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Series Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Acknowledgment:**

State of \_\_\_\_\_\_\_\_\_\_\_\_  
County of \_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_**, 20**, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public in and for the said State, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Public:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Seal: