

P1900094-1

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IOWA SECRETARY OF STATE  
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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1558 63102 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	C2 Filed In: Iowa (S.O.S.)



279596 UC1 \$20.00COR 1 1/10/19

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 Meredith Corporation			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS 1716 Locust Street		CITY Des Moines	STATE IA POSTAL CODE 50309 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 Corporation Service Company, as Representative			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS P.O. Box 2576		CITY Springfield	STATE IL POSTAL CODE 62708 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
All equipment listed on Exhibit A attached hereto

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Ballor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

1558 63102

**Exhibit A**

<u>QUANTITY</u>	<u>MFR</u>	<u>MACHINE/MODEL</u>	<u>EQUIPMENT DESCRIPTION</u>	<u>SERIAL NUMBER</u>
4	Rubrik	RBK-R6410S-01	R6410S Appliance 4-Node 120TB Raw SFP+ NIC RCDM	AA184264100107, AA184264100099, AA184264100103, AA184264100101
	Rubrik	RBKSVCPREMAPPLIANC E	Premium Support Services Plan - Extended Service Agreement - 1 Year	
	Rubrik	RBK-POLARIS-GPS	Centralized MGMT Global Instances E-Delivery	
6	Rubrik	RBK-CLOUD-UNLIMITED	Sub Unlimited CloudOut in Cloud Support E-Delivery	
	Rubrik	RBK-R6408S-01	R6408S 96TB 4 Node SFP+ Network Interface Card	AA184264080095, AA184264080097, AA184264080094, AA184264080081, AA184264080084, AA184264080078
	Rubrik	RBKSVCPREMAPPLIANC E	Premium Support Prepaid for Rubrik Appliance	
	Rubrik	RBK-POLARIS-GPS	Centralized MGMT Global Instance E-Delivery	