EXHIBIT B

ADT LLC
452 Sable Blvd, Suite G
Aurora, CO 80011

UCC LIEN NOTICE: FOR YOUR IMMEDIATE ATTENTION

May 7, 2025

To: Monitronics International, Inc. dba Brinks Home Security
Attn: Legal Department
1990 Wittington Place
Farmers Branch, TX 75234

RE: Impulse Alarm, LLC
Balance due to ADT, LLC: $80,430.66 as of April 25, 2025

Dear Sir/Madam,

This notice is being sent to you pursuant to UCC 9-406. In accordance with the ADT Authorized Dealer Agreement between Impulse Alarm, LLC ("Impulse") and ADT LLC ("ADT"), ADT filed a UCC-1 financing statement with the Secretary of State of California in 2015, thereby obtaining a perfected security interest in Impulse's assets, including account receivables. A copy of the UCC-1 is enclosed herein for your reference.

As of the date of this letter, Impulse is indebted to ADT in the amount of $80,430.66. We understand that you may have a business relationship with Impulse wherein payments are made by you to Impulse. In accordance with UCC-406, ADT requests that you forward to ADT all funds (up to the balance due) that would normally be payable to Impulse in resolution of their balance. Redirected funds should be made payable to ADT LLC and mailed according to the attached "Non-customerCheckForm" document enclosed herein.

Please respond to confirm receipt of this letter and compliance. You may contact me directly with any questions.

Regards,

JOE NUCCIO
PRESIDENT, DEALER PARTNERSHIPS
jnuccio@adt.com
(o) 561.322.4888 (m) 240.388.1043

ADT LLC
452 Sable Blvd, Suite G
Aurora, CO 80011

CC:

Monitronics International, inc.
Registered Agent
C T Corporation System
1999 Bryan St., Ste. 900
Dallas, TX 75201-3136 USA

Ken Rosen
Vice President of Dealer Channel Sales & Operations
krosen@adt.com

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
william peterson
720-789-6324

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
adt llc
3190 South Vaughn Way
Aurora, CO 80014
USA

DOCUMENT NUMBER: 49498460002
FILING NUMBER: 15-7470390662
FILING DATE: 06/18/2015 07:23

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR CA 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)

OR	1a. ORGANIZATION'S NAME: Impulse Alarm LLC				
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	1c. MAILING ADDRESS: 4695 Cope Court	CITY: Pleasanton	STATE: CA	POSTAL CODE: 94566	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)

OR	2a. ORGANIZATION'S NAME				
	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)

OR	3a. ORGANIZATION'S NAME: ADT LLC				
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	3c. MAILING ADDRESS: 3190 South Vaughn Way	CITY: Aurora	STATE: CO	POSTAL CODE: 80014	COUNTRY: USA

4. COLLATERAL: This financing statement covers the following collateral:
The collateral pledged and given as security hereunder consists of (i) any and all subscriber or customer accounts, including any and all equipment sold on a Debtor owned basis or leased to any such subscriber or other customer, communicators, telephone numbers, customer lists, files or deposits, rights to receive any payments in money or kind (including insurance proceeds thereon), (ii) any and all contracts or agreements, whether oral or in writing, regarding monitoring services, maintenance services and/or equipment leasing or equipment sold on a Debtor owned basis with respect to any subscriber or other customer account, (iii) any and all contracts or agreements regarding any interest or right related to any communicator, telephone number, customer list, file or deposit of any such subscriber or customer, now owned or hereafter acquired by Debtor pursuant to its authorized dealer agreement with Secured Party.

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

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Lien Solutions
800-331-3282

B. E-MAIL CONTACT AT FILER (optional)

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

DOCUMENT NUMBER: 89277140002
FILING NUMBER: 20-77820183
FILING DATE: 05/27/2020 12:40

IMAGE GENERATED ELECTRONICALLY FOR XML FILING
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1a. INITIAL FINANCING STATEMENT FILE NUMBER
15-7470390662

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: Attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☑ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**
Check one of these two boxes:
This Change affects ☐ Debtor or ☐ Secured Party of record.

AND Check one of these three boxes to:
☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a and 7b and item 7c
☐ ADD name: Complete item 7a or 7b, and item 7c
☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

OR
6a. ORGANIZATION'S NAME

6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

OR
7a. ORGANIZATION'S NAME

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

OR
a. ORGANIZATION'S NAME
ADT LLC

b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

10. OPTIONAL FILER REFERENCE DATA:
CA-0-75229898-59157365- Debtor: IMPULSE ALARM LLC

FILING OFFICE COPY

ADT Always There™

NON-CUSTOMER CHECK FORM

NOTE: DO NOT USE THIS FORM FOR ANY ADT ISSUED CHECKS

Date		Amount(s)		Quantity of Checks	
Payer name on check OR Reason for checks					
Contact Name		Contact Phone # or E-mail address			

✓	Check reason for payment and enter data requested	General Ledger Coding					Job #, Car #, Vendor #
		Location	Cost Center	Account	Inter-company	LOB	
☐	Agency Recoveries		000000	115300	000		
☐	Garn. Processing Fee	8005	820427	698000	000		
☐	Garn. Refunds	8005	000000	205600	000		
☐	Licenses & Permits				000		
☐	Telephone Expense						
☐	Tenant Rent Payment						
☐	Tax Refund (PPT only)	8005	000000	692000			
☐	Job Cost Materials			620000			
☐	Job Cost Contractor			623000			
☐	Other Job Cost			680500			
☐	Travel Advance Reimbursement Check		000000	115200	000		
☒	Other- (must specify reason & GL coding)	8007	000000	170100	000		

SEND THIS CASH MEMO ALONG WITH THE CHECK TO THE FOLLOWING:
ADT LLC
PO BOX 223797
PITTSBURGH, PA 15250

PAYMENT OVERNITE ADDRESS
ADT LLC
ATTN: 223797
500 ROSS ST. 154-0455
PITTSBURGH, PA 15250

Revised on August 2018