		ING STATE						
		ONS (front and i	back) CAREFULLY					
A. N	ANE & PHONE OF C	ONTACT AT FILER (OF	in on any					
8. S	END ACKNOWLEDGI	MENT TO: [Name ar	nd Address]					
	USDA Fai	rm Service Ag	encv					
		r Lane Suite 4	-					
	Warwick,	RI 02886						
	<u></u>				THE ABOVE SPAC	E 16 EAD 1	EILING OFFICE III	SE ONLY
1 10	EBTOR'S EXACT F	ULL LEGAL NAME	- insert only one debtor name (1a or	tb) - do not abbreviate		L 13 1 ON 1	TEMO OTTICE O	SE ONE!
	1a. ORGANIZATION'S	NAME	and the contract of the contra					
<u>OR</u>	Rain-One Company LLC			FIRST NAME		MIDDLE NAME		SUFFIX
	B. INDIVIDUALS CAS	to, individual's last name		FIRST NAME		MIDDER MANAG		301114
c MAILING ADDRESS				CITY		STATE	POSTAL GODE	COUNTRY
	953 Hartford A	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	Johnston 1f. JURISDICTION	OF ORGANIZATION	RI 1g. ORGA	NIZATIONAL ID #, if any	USA
N	NOT REQUIRED IN ORGANIZATION Partnership DEBTOR			Rhode Island		-050519568- 12030 No		
2. A	DITIONAL DEBTO		EGAL NAME: - insert only one de	ebtor name (2a or 2b) -	do not abbreviate or combine	names		
	Late Onto A Nazari Tork C							
QĦ	2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
Rainone 2c. MAILING ADDRESS				William crry		STATE	POSTAL CODE	COUNTRY
354 Chopmist Hill Road				Chepachet		RI	02814	USA
N	2d. TAX ID #: SSN OR EIN ADD'L INFO RE NOT REQUIRED IN ORGANIZATION DEBTOR				2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any	
3. SI	CURED PARTY'S		OTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secu	red party name (3a or 3b)			
	USDA Farm Service Agency							
OR	3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
3c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
60 Quaker Lane Suite 49				Warwick		RI	02886	USA
-		ENT covers the following	colisteral:					
Αl	l before and a	fter acquired p	property included but	not limited to	all crops, nurse	ry stock,	annuals and p	erennials
ar	d other plant	products. All	entitlements,benefits	, and payme	nts from all state	and fede	ral farm progra	ams; all
			luding small equipme All intangibles and in				III fixtures affixe	ed and to
50	dilixod to tric	, rear estate.	an meangloics and in	vointory do po	or occurry agreer	110111.		
	. •							
			,					 .
				SIGNEE/CONSIGNOR	BAILEE/BAILOR SE			UCC FILING
6.		EMENT is to be filed [for Attach Addendum [if ap	record] (or recorded) in the REAL oplicable]		7. TO REQUEST A SE	ARCH REP	OH1, FILE A UCC11	
8. OI	PTIONAL FILER RE	EFERENCE DATA:						