| UCC FINANCI FOLLOW INSTRUCT | | | | | | | |
|--|---|--|--|---|---------------------------------|------------------------------------|----------------------|
| A. NAME & PHONE OF C Cheryl A. Fallor B. SEND ACKNOWLEDGE Thomas S Brennan, McAllister 362 Broad | ontact at fileB (op n 401.453.230 MENT TO: [Name at S. Hemmendin: Recupero, Ca , LLP | od Address] | | THE ABOVE SPACE | E IS FOR F | FILING OFFICE US | SE ONLY |
| 1 DEBTOR'S EVACT F | HILLEGAL NAME | - insert only one debtor name (1a or 1 | (b) - do not abbreviate o | | | | |
| 1a. ORGANIZATION'S | NAME | noon only one general transfer | | | | | |
| OR Pinehurst Golf Club, LLC 1b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| 1c. MAILING ADDRESS | | | спу Carolina | | STATE RI | POSTAL CODE | COUNTRY |
| 1d. TAX ID #: SSN OR EIN NOT REQUIRED IN | OT REQUIRED IN ORGANIZATION Itd liab company | | | 11. JURISDICTION OF ORGANIZATION Rhode Island | | 1g. ORGANIZATIONAL ID #, if any | |
| 2. ADDITIONAL DEBTO | DEBTOR OR'S EXACT FULL | LEGAL NAME; - insert only one de | - I | | names | | |
| 2a. ORGANIZATION'S | NAME | | | | | | |
| 2b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| 2c. MAILING ADDRESS | | | CITY | | STATE | POSTAL CODE | COUNTRY |
| 2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | | 2g. ORGANIZATIONAL ID #, if any | | |
| 3. SECURED PARTY'S | NAME: (or NAME of | TOTAL ASSIGNEE of ASSIGNOR S/P |) - insert only one secur | ed party name (3a or 3b) | | | |
| 3a. ORGANIZATION'S | | NAL ASSOCIATION | | | | | |
| OR 3b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| 3c. MAILING ADDRESS | | | CITY | | STATE | POSTAL CODE 06037 | COUNTRY |
| 344 Main St., 4. This FINANCING STATEM | | tn Special Assets | Kensingtor | 1 | 101 | 1 00037 | 100.1 |
| All of Debtor's has or may her all proceeds ar instruments, do relating to any | personal proposes a greater acquire and products the comments, deport the foregoin | erty and fixtures, now an interest, whether ereof: inventory, equip posit accounts, letter-ong. | now existing pment, fixture of-credit rights | or hereafter arisi is, accounts, gen is, investment pro | ng, inclu eral intai | ding the follow ngibles, chatte | ing, and I paper, |
| To be filed with | the Secretary | y of State for the State | e of Rhode Is | | | | |
| 5. ALTERNATIVE DES | SIGNATION (If applicat | SIGNEE/CONSIGNOR | | | | | |
| 6. This FINANCING ST. ESTATE RECORDS | ATEMENT is to be lifed [for Attach Addendum [if | | 7. TO REQUEST A SEARCH REPORT, FILE A UCC11 | | | | |
| 8. OPTIONAL FILER I | REFERENCE DATA: | | | | | | |