	CONTACT AT FILER [optional] GMENT TO: (Name and Address)				
James P. M					
		¬ [
Legai Assis					
Cahill Gore	tant Ion & Reindel LLP				
80 Pine Str					
New York,					
1		t			
		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
.DEBTOR'S EXACTE	ULL LEGAL NAME - insert only <u>grie</u> debtor name (1a o			-	
1a. ORGANIZATION'S					
Tiverton Power	Associates Limited Partnership		<u> </u>		
16. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
c. MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY
717 Texas Avenue, Suite 1000		Houston	TX	77002	USA
d. SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG.	JUSA	
	ORGANIZATION Limited Partnership	Rhode Island	RI 90	Пис	
. ADDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - insert only on	e debtor name (2a or 2h) - do not abbreviato or comb	. '		
		2 depropried (2a or 20) - do not applied ale or come	ine names		
2a, ORGANIZATION'S N	IAME	g doboy mains (28 of 20) - do fot abbreviate of come	ine names		
2a, ORGANIZATION'S N	AME -			MANG	
2a, ORGANIZATION'S N	AME -	FIRST NAME	MIDDLE	NAME	SUFFIX
2a, ORGANIZATION'S N	AME -			NAME	
2a, ORGANIZATION'S N	AME -	FIRST NAME	MIDDLE		SUFFIX
2a, ORGANIZATION'S N 2b. INDIVIDUAL'S LAST c. MAILING ADDRESS	NAME [ADD'L INFO RE 2e. TYPE OF ORGANIZATION	FIRST NAME	MIDDLE		
2a, ORGANIZATION'S N 2b. INDIVIDUAL'S LAST 2c. MAILING ADORESS	NAME	FIRST NAME	MIDDLE	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS 3. SECURED PARTY'S	NAME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	FIRST NAME CITY 2f JURISDICTION OF ORGANIZATION	MIDDLE	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS 1. SECURED PARTY'S 3a. ORGANIZATION'S N	NAME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR AME	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P) - insertonly one secured party name (3a or 3b)	MIDDLE	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS 1. SECURED PARTY'S 3a. ORGANIZATION'S N Goldman Sachs	NAME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (orNAME of TOTAL ASSIGNEE of ASSIGNOR AME Credit Partners L.P., as Collateral A	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P)-insert only one secured party name (3a or 3b) gent	MIDDLE STATE 2g. ORG	POSTAL CODE ANIZATIONAL (D #, if any	COUNTRY
2a, ORGANIZATION'S N 2b, INDIVIDUAL'S LAST 2c, MAILING ADDRESS 2d, SEEINSTRUCTIONS 3a, ORGANIZATION'S N Goldman Sachs	NAME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (orNAME of TOTAL ASSIGNEE of ASSIGNOR AME Credit Partners L.P., as Collateral A	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P) - insertonly one secured party name (3a or 3b)	MIDDLE	POSTAL CODE ANIZATIONAL (D #, if any	COUNTRY
2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST 2b. MAILING ADDRESS 2d. SEEINSTRUCTIONS 3a. ORGANIZATION'S N Goldman Sachs	NAME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (orNAME of TOTAL ASSIGNEE of ASSIGNOR AME Credit Partners L.P., as Collateral A	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P)-insert only one secured party name (3a or 3b) gent	MIDDLE STATE 2g. ORG	POSTAL CODE ANIZATIONAL (D #, if any	COUNTRY

		SELLER/BUYER	AG, LIEN	NON-UCC FILING
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the ESTATE RECORDS. Attach Addendum 		S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8, OPTIONAL FILER REFERENCE DATA				
To be filed with Secretary of State of Rhode Island.	FILE SECOND [Transmitting Utilit	y] [30860.	245]	[319]

UCC FINANCING						ı				
9. NAME OF FIRST DEBTO			ATEME	NT		⊣				
9a. ORGANIZATION'S NAME		THE OFFICE OF THE OFFICE OF THE OFFI	7 1 E141E	14.1						
OR Tiverton Power As	sociates Lim	ited Partnership								
96, INDIVIDUAL'S LAST NAM	ME	FIRST NAME		MIDDLE	NAME,SU	IFF ! X				
10.MISCELLANEOUS:						-				
							THE AB	OVE SPACE	IS FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S	S EXACT FULL I	EGAL NAME - insert only one	name (11	la or 11b)	- do not al	bbrevia	ite or combine	names		
11a. ORGANIZATION'S NAMI	E	-		- 111						
OR CONTRACTOR OF THE PROPERTY										
11b. INDIVIDUAL'S LAST NAI	ME		FIRST	NAME				MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS			CITY				***	STATE	POSTAL CODE	COUNTRY
								į		
11d. SEE INSTRUCTIONS A	DD'L INFO RE 1º RGANIZATION	le. TYPE OF ORGANIZATION	11f. J.	JRISDICT	ION OF O	RGAN	ZATION	11g. ORG	GANIZATIONAL ID#, if a	пу
	EBTOR									No
12. ADDITIONAL SECUR	RED PARTY'S	<u>α</u> ASSIGNOR S/P'S	NAM	E - insert	only <u>one</u> n	ame (12a or 12b)		~	
12a. ORGANIZATION'S NAME										
OR										
12b. INDIVIDUAL'S LAST NAM	<i>I</i> E		FIRST	NAME				MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		• • • • • • • • • • • • • • • • • • • •	CITY					STATE	POSTAL CODE	COUNTRY
			<u>.i</u>							
This FINANCING STATEMENT collateral, or is filed as a		r to be cut or as-extracted	16. Ac	dditional c	collateral d	escript	ion:			
15. Name and address of a RECOI	RD OWNER of abo	ve-described real estate								
(if Debtor does not have a recor	rd interest);									
			17. Ch	eck anly i	f applicable	e and e	check <u>only</u> and	hox		
			Debtor						operty held in trust or	70
							stee acting wi check <u>only</u> one		percy nelo in trust or	Decedent's Estat
					RANSMIT			. Jun.		
								ma Transassia	— effective 30 years	
								ansaction eff		

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)