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	NANCING STATEM STRUCTIONS	ENT					
	PHONE OF CONTACT AT FIL	ES (antional)					
	ration Service Compa	iny 1-800-858-529	94				
	CONTACT AT FILER (optional)		COAC				
	iling@cscinfo.com		f0.03				
C. SEND AC	CKNOWLEDGMENT TO: (Na	me and Address)	C// ,,				
914230	014 - 335380	<u> </u>	71				
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 91423014 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Island (S.O.S.)							
	eld, IL 62703	Filed In	ı: Rhode Island				
	1,00		(S.O.S.)				
						OR FILING OFFIC	
	L'S NAME: Provide only <u>one</u> Deb ot fit in line 1b, leave all of item 1 b		, full name; do not omit, modify, vide the Individual Debtor inform				
	NIZATION'S NAME The Sum				or the Financing C	- Total Adde to an in	(Form DOOTAG)
	The Gam	mit Management O	loup, LLO				
OR 1b. INDIVI	DUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITI	AL(S) SUFFIX
10 MAILING 1	ODDESS 4004 MATERIA	4441 417	OUT)		07475	Incorn cons	
TC. MAILING A	DDRESS 1021 WATERN	IAN AVE	EAST PROVIDE	NCE	STATE	POSTAL CODE 02914	COUNTRY
2 DEBTOR	'S NAME: Provide only one Debt	for name (2a or 2b) Juse evert	full name: do not omit, modify, o	v abbrovista anu	nad of the Dobto		of the Individual Debters
	ot fit in line 2b, leave all of item 2 bi		vide the Individual Debtor inform				
2a. ORGA	NIZATION'S NAME						
OR OR OR	DILLAND CHENNE		Islant assessment with		1		AL(S) SUFFIX
ZD. INDIVI	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING A	DDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. SECURE	D PARTY'S NAME (or NAME (of ASSIGNEE of ASSIGNOR S	ECURED PARTY): Provide only	one Secured Pa	arty name (3a or 3b)	· · · · · · · · · · · · · · · · · · ·
3a. ORGA	NIZATION'S NAME CITIZENS E	∃ank, N.A.					
OR 3b. INDIVI	DUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING A	3c. MAILING ADDRESS One Citizens Plaza		CITY	17 7		POSTAL CODE	COUNTRY
			Providence		RI	02903	USA
4. COLLATER	RAL: This financing statement coveral property of Debtor	ers the following collateral:	nature, wherever lee	atad what	hor now ou	nod or boros	offer acquired
		•					
including without limitation, the following categories of property as defined in Revised Article 9 of the Uniform Commercial Code: goods (including inventory, equipment, fixtures, farm products, and any accessories thereto),							
instruments (including promissory notes), documents, accounts (including health-care-insurance receivables), chattel							
paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is							
evidenced by a writing), commercial tort claims, securities and all other investment property, general intangibles							
(including payment intangibles and software), supporting obligations and any and all records of, accessions to and							
products	and proceeds of the f	oregoing.					
	used herein which is	, ,					
jurisdiction in which this financing statement was signed or authenticated by the Debtor at the time it was so signed or							
authenticated or (ii) Article 9 of the Uniform Commercial Code as in effect at any relevant time in the jurisdiction in which							
	applicable and check only one box	. Collateral is held in a Tru	ist (see UCC1Ad, item 17 and in	structions)	_] being administer	ed by a Decedent's	Personal Representative
	f applicable and check only one bo	x:			6b. Check only if	applicable and ched	k anly one boy
	f applicable and check <u>only</u> one bo inance Transaction Mar	ox: nufactured-Home Transaction	A Debtor is a Transmi	tting Utility	l —	applicable and checural Lien No	k <u>only</u> one box: on-UCC Filing
Public-F	_			tting Utility	Agriculti		-

UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME The Summit Management Group, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS COUNTRY CITY STATE POSTAL CODE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): this financing statement is filed, has the meaning to be ascribed thereto with respect to any particular item of property under the more encompassing of the two definitions. This financing statement covers, and is intended to cover, all personal property of the Debtor. 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14 This FINANCING STATEMENT covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest).

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

17. MISCELLANEOUS: