UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 94170513 - 335380 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In:	h			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	{O.GD.			
94170513 - 335380	SCILLIA			
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed In:	Rhode Island			
L	(S.O.S.)	PACE IS FO	R FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fi	ull name; do not omit, modify, or abbreviate any part	of the Debtor's	s name); if any part of the In	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME SUTHERLAND'S ORGANIC S	de the Individual Debtor information in item 10 of the	Financing Sta	tement Addendum (Form UC	CTAd)
0.00		1.55		louss
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 2308 Hartford Avenue	CITY Johnston	STATE RI	POSTAL CODE 02919	COUNTRY
2 DEDTOD'S NAME. Provide only one Pobles years (2 or 2b) (year agent 6				
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fundame will not fit in line 2b, leave all of item 2 blank, check here and provided and provided are to blank. 	al name, do not omit, modify, or aboreviate any parti- de the Individual Debtor information in item 10 of the			
2a. ORGANIZATION'S NAME	- -			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL 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) [3a. ORGANIZATION'S NAME Citizens Bank, N.A.]				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Citizens Plaza	CITY	STATE	POSTAL CODE	COUNTRY
	Providence	RI	02903	USA
4. COLLATERAL: This financing statement covers the following collateral: All personal property of Debtor of every kind and nature, wherever located, whether now owned or hereafter 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), supp	orting obligations and any and al	II records	of, accessions to	and
products and proceeds of the foregoing.				
Any term used herein which is defined in either (i) Article 9 of the Uniform Commercial Code as in effect in the				
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				
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trus 6a. Check <u>only</u> if applicable and check <u>only</u> one box:			ed by a Decedent's Persona applicable and check <u>only</u> o	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultu		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	Bail	ee/Bailor Licens	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:				94170513

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 SUTHERLAND'S ORGANIC SOLUTIONS, INC. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 10c. MAILING ADDRESS POSTAL CODE STATE CITY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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, DF 19808

17. MISCELLANEOUS: