

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|   |                                    |
|---|------------------------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294     |                                    |
| B E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com         |                                    |
| C SEND ACKNOWLEDGMENT TO (Name and Address)                             |                                    |
| 1475 99627<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703 | Filed In: Rhode Island<br>(S.O.S.) |

*fillingacks@cscinfo.com*

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|  |                         |                     |                               |                      |                |
|--|-------------------------|---------------------|-------------------------------|----------------------|----------------|
| 1a ORGANIZATION'S NAME <b>Shea's Hope Creamery, Inc.</b> |                         |                     |                               |                      |                |
| OR   | 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 1c MAILING ADDRESS                                       | 569 BRANCH AVE          | CITY<br>PROVIDENCE  | STATE<br>RI                   | POSTAL CODE<br>02904 | COUNTRY<br>USA |

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                        |                         |                     |                               |             |         |
|------------------------|-------------------------|---------------------|-------------------------------|-------------|---------|
| 2a ORGANIZATION'S NAME |                         |                     |                               |             |         |
| OR                     | 2b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |         |
| 2c MAILING ADDRESS     |                         | CITY                | STATE                         | POSTAL CODE | COUNTRY |

3 SECURED PARTY'S NAME (or NAME OF ASSIGNEE or ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

|  |                         |                     |                               |                      |                |
|--|-------------------------|---------------------|-------------------------------|----------------------|----------------|
| 3a ORGANIZATION'S NAME <b>Wells Fargo Vendor Financial Services, LLC</b> |                         |                     |                               |                      |                |
| OR   | 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |                |
| 3c MAILING ADDRESS   | PO Box 35701            | CITY<br>Billings    | STATE<br>MT                   | POSTAL CODE<br>59107 | COUNTRY<br>USA |

4 COLLATERAL This financing statement covers the following collateral:  
 This Financing Statement is to perfect Secured Party/Lessor's interest under a true lease transaction with the Debtor/Lessee. It is (i) being filed solely as a precaution in case, contrary to the intention of the parties, the transaction relating to the property described herein is adjudged to be other than a lease within the meaning of the Uniform Commercial Code, and (ii) not to be construed as an admission that said transaction is anything other than a true lease. This financing statement covers the equipment and other assets described below and/or on any annex, schedule and/or exhibit hereto (which is to be considered an integral part hereof), plus all existing and future replacements, exchanges and substitutions therefor, attachments, accessories, accessions and additions thereto, and insurance, lease, sublease and other proceeds thereof.

Equipment: 1 Skid Steer Loader, Serial# B3NL13425, Model# S595 TF4  
 1 Grapple Root, Serial# AE6H07243, Model# 72inch

|   |   |
|---|---|
| 5 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative    |   |
| 6a Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility           | 6b Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7 ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignor/Consignee <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Pallet/Bailor <input type="checkbox"/> Licensee/Licensee |   |

8 OPTIONAL FILER REFERENCE DATA Indirect - 9968626001 - 2-7178016303 1475 99627