

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

| | |
|---|------------|
| A NAME & PHONE OF CONTACT AT FILER (optional) | |
| B E-MAIL CONTACT AT FILER (optional) | 387353 001 |
| C SEND ACKNOWLEDGMENT TO (Name and Address) | |
| NDG | |
| CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE SPRINGFIELD, ILLINOIS 62703 | |

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 Southern Sky Renewable Energy RI-N.P., LLC | | | | | | |
| OR | 1b INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c MAILING ADDRESS 675 Third Avenue, Suite 3004 | | | CITY New York | STATE NY | POSTAL CODE 10017 | COUNTRY 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 of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)

| | | | | | | |
|--|-------------------------|--|---------------------------|-------------------------------|----------------------------------|-----------------------|
| 3a ORGANIZATION'S NAME Wilmington Trust, National Association, as Collateral Agent | | | | | | |
| OR | 3b INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c MAILING ADDRESS 1100 North Market Street | | | CITY Wilmington | STATE DE | POSTAL CODE 19890-1605 | COUNTRY USA |

4 COLLATERAL: This financing statement covers the following collateral
All assets of the Debtor, whether now owned or hereafter acquired.

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|---|--|
| 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: <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: <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/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licensee/Licensee | |

8. OPTIONAL FILER REFERENCE DATA:
To be filed in Rhode Island, 86094.31