

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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|---|
| A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 |
| B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com |
| C SEND ACKNOWLEDGMENT TO (Name and Address) 1692 57220 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In Rhode Island (S.O.S.) |

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)

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|--|---------------------|-------------------------------|----------------------------------|
| 1a ORGANIZATION'S NAME General Polymer, Inc. | | | |
| OR 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS 59 Foundry St | CITY CENTRAL FALLS | STATE RI | POSTAL CODE 02863 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 or ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)

| | | | |
|---|---------------------|-------------------------------|----------------------------------|
| 3a ORGANIZATION'S NAME HYG Financial Services, Inc. | | | |
| OR 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS PO Box 35701 | CITY Billings | STATE MT | POSTAL CODE 59107 COUNTRY USA |

4 COLLATERAL This financing statement covers the following collateral:

All of the equipment now or hereafter leased by Lessor to Lessee; and all accessions, additions, replacements, and substitutions thereto and therefore; and all proceeds including insurance proceeds thereof.

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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 checked="" type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignor/Consignee <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Borrower <input type="checkbox"/> Licensee/Licensee | |
| 8 OPTIONAL FILER REFERENCE DATA 400-0000095-000 | |

1692 57220