| υc | C FINANCING STATEMENT | | | | | | |
|---|--|---------------------|-----------|-----------------------------|------------------------|--------------------|--|
| | LOW INSTRUCTIONS | | i | | | | |
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | | | | |
| R | 781-894-8800 E-MAIL CONTACT AT FILER (optional) | | | | | | |
| " | • • • | | | | | | |
| C. | GDSOLegalDeptOps@globalp.com SEND ACKNOWLEDGEMENT TO (Name and Address) | | | | | | |
| lг | | | | | | | |
| ŀ | Alliance Energy LLC | ' | | | | | |
| | 800 South Street, Suite 500 Waltham, MA 02453 | | | | | | |
| ļ | Wastialli, With 02400 | 1 | | | | | |
| _ | - | | <u> </u> | | FILING OFFICE USE (| | |
| DEBTOR'S NAME: Provide only gag Debtor name (its or 1b) (use exect 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. | | | | | | | |
| OR | Martins Petroleum Inc. | | | | | | |
| | 16. NOMOUAL'S SURNAME | FIRST PERSONAL NAME | | ACOITIONAL NAME(SYMTIAL(S) | | SUFFIX | |
| | | | | 1 07.75 | POSTAL CODE | COUNTRY | |
| 1c MAILING ADDRESS | | ary | | STATE | 02944 | COMIN? | |
| 481 Warren Ave | | E. Providence | | RI | | (ndiship) (Inblode | |
| DEBTOR'S NAME: Provide only pmg Debtor name (2a or 2b) (use exect, 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) | | | | | | | |
| 24 ORGANZATIONS NAME | | | | | | | |
| ı | | | | | | | |
| OR | 20 NYXIDUAL'S SURWAWF | FIRST PERSONAL NAME | | AOITICION | ial name(sy, nitial(s) | SUFFIX | |
| 2c. N | MALING ADDRESS | CITY | <u></u> . | STATE | POSTAL CODE | COUNTRY | |
| | | | | | } | | |
| 3. SECURED PARTY'S NAME (or NAME II ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3e or 3b) | | | | | | | |
| 38 ORGANIZATION'S NAME | | | | | | | |
| OR | Alliance Energy LLC | · | | 1 | | Levicory | |
| UK. | 36. INDIVIDUAL'S SURNAME | FIRST PERSO | NAL NAME | ADDITIONAL NAME(S)WITIAL(S) | | SUFFIX | |
| 3c MAQUING ADDRESS | | ary | | STATE POSTAL CODE | | COUNTRY | |
| | | Walth | nam | MA | 02453 | | |
| 4.0 | 800 South Street, Suite 500 OLLATERAL: This financing statement covers the following colletoral: | 1 AAGIII | Idili | 1 WA | 02400 | | |
| Any and all tangible and intangible real and personal property, assets, and rights of the Debtor, wherever located, whether now owned or hereafter acquired or arising, and all proceeds and products thereof: all personal property and fixtures of every kind and nature including all goods (including inventory, equipment, and any accessories thereto), instruments (including promissory notes), documents (including, if applicable, electronic documents), accounts, leases, subleases, chattel paper (whether tangible or electronic), deposit accounts, accounts receivable and proceeds thereof, letter-of-credit rights (whether or not the letter of credit is evidenced by writing), commercial tort claims, securities (including all stockholder, membership, and partnership interests in the Debtor and any other entities, and all certificates thereof), and all other investment property, supporting obligations, and any other contract rights or rights to the payment of money, including claims and proceeds, and all general intangibles (including all payment intangibles), and all goodwill and rights (including franchise rights) under any contracts and agreements. This Financing Statement shall constitute notice of, and secure, any and all rights of first refusal granted to Secured Party (or its affiliates) by Debtor. | | | | | | | |
| | Including, but not limited to, collateral located at: | | | | | | |
| 5. Check only if applicable and check only one box: Collateral is held in Trust (see UCC1Ad, Item 17 and instructions being administered by a Decedent's Personal Representative Ba. Check only if applicable and check only one box. Sb. Check only if applicable and check only one box. | | | | | | | |
| 68 . | Check only if appricable and check only one box. Description: Public-Finance Transaction | A Debtor is | | Agricuitor <u>al L</u> | _ | | |
| 7. A | | nsignee/Consign | | Baiten/Ba | lior Licensneri. | Icensor | |
| | OPTIONAL FILER REFERENCE DATA SITE #8160 | | | | | | |