

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>USDA/FSA 401-828-3120 Opt.2</b>
B. E-MAIL CONTACT AT FILER (optional) <b>lillian.toth@usda.gov</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>USDA, Farm Service Agency 60 Quaker Ln, Suite 49 Warwick RI 02886</b>

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>ROBIN HOLLOW FARM LLC</b>					
OR	1b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c. MAILING ADDRESS <b>1057 GILBERT STUART RD</b>		CITY <b>SAUNDERSTOWN</b>	STATE <b>RI</b>	POSTAL CODE <b>02874</b>	COUNTRY <b>USA</b>

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 <b>HUTCHISON</b>				
	FIRST PERSONAL NAME <b>MARGARET</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>E</b>	SUFFIX		
2c. MAILING ADDRESS <b>1057 GILBERT STUART RD</b>		CITY <b>SAUNDERSTOWN</b>	STATE <b>RI</b>	POSTAL CODE <b>02874</b>	COUNTRY <b>USA</b>

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 <b>COMMODITY CREDIT CORPORATION (CCC), THE FARM SERVICE AGENCY</b>					
OR	3b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS <b>60 QUAKER LN, SUITE 49</b>		CITY <b>WARWICK</b>	STATE <b>RI</b>	POSTAL CODE <b>02886</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral

**PURCHASE MONEY INTEREST ON FARM HANDLING AND STORAGE FACILITY ITEMS PURCHASED WITH LOAN FUNDS TO INCLUDE BUT NOT LIMITED TO: 1. 16'X10' WALK IN COOLER (SN:212105278) 2. WALK IN COOLER COMPRESSOR (SN:DX2103B31-01) 3. WALK IN COOLER BLOWER (SN:212200910) 4. GRADING AND PROCESSING TABLES 5. 3-BAY SINK WASHING STATION 6. MOVEABLE RACKS 7. TEARDROP SHELVING 8. DRYING RACKS 9. SHELVING.**

**DISPOSITION OF SUCH COLLATERAL IS NOT AUTHORIZED WITHOUT PRIOR WRITTEN AUTHORIZATION FROM CCC/THE FARM SERVICE AGENCY.**

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"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	