



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|--|---|
| A NAME & PHONE OF CONTACT AT FILER (optional) Mallory DiLeo (214) 745-5783 | |
| B E-MAIL CONTACT AT FILER (optional) mdileo@winstead.com | |
| C SEND ACKNOWLEDGMENT TO (Name and Address) | |
|  | Return Acknowledgement to: 1377041 Capitol Services Inc. PO Box 1831 Austin, TX 78767 800.345.4647 |

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 C&M LLC | | | |
| OR | | | |
| 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c MAILING ADDRESS 155 Federal Street, Suite 702 | | CITY Boston | STATE MA |
| | | POSTAL CODE 02110 | 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 Sunflower Bank, N.A. | | | |
| OR | | | |
| 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c MAILING ADDRESS 8117 Preston Road Suite 220 | | CITY Dallas | STATE TX |
| | | POSTAL CODE 75225 | COUNTRY USA |

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

5 Check only if applicable and check only one box: Collateral is held in a trust (see UCC1Ad, Item 17 and instructions) being administered by a Decedent's Personal Representative

6a Check only if applicable and check only one box: Public Finance Transaction Manufactured Home Transaction A Debtor is a Transferring Utility Agricultural Lien Non-UCC Filing

7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensee

8 (OPTIONAL) FILER REFERENCE DATA
64657-112 - RI - STATE