UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION

In re:		
		Case No: 3:22-bk-01326
KAREN W. HALL,		
		Chapter 11
Debtor.		
	/	

DEBTOR'S CHAPTER 11 CASE MANAGEMENT SUMMARY¹

Karen W. Hall (the "<u>Debtor</u>"), by counsel and pursuant to Local Rule 2081-1(b), hereby files this Case Management Summary as follows:

I. <u>Description of the Debtor's Business, Locations and Reasons for Filing</u>

The Debtor is an individual who resides at 552 Boxwood Place, Saint Augustine, Florida 32086 (the "Residence"). The Debtor's primary businesses are farming produce (such as potatoes), trucking and renting property. In addition, the Debtor works as a tram ambassador at the Daytona Speedway.

These businesses primarily involved five different entities, all of which are either active or inactive Virginia companies being run from the Debtor's Residence in Florida. First, Benny F. Hall & Sons Trucking Co., Incorporated ("BFH Trucking") provides trucking services. Second, Eastern Shore Grain, Incorporated ("Eastern") provides grain storage. Third, Farm Properties, L.L.C. ("Farm Properties") owns the Residence. Fourth, Holden's Creek Farm, LLC ("Holden") provides trucking services. Fifth, Spuddog Farm Properties LLC ("Spuddog") owns properties. These businesses can be summarized as follows:², ³

¹ The Debtor files this preliminary case management summary in accordance with the appliable Local Rules and reserves the right to further amend and supplement the same.

² "D" stands for director, "M" stands for member, "S" stands for secretary and "T" stands for treasurer.

³ The company documents state ownership is in "Benny F. Hall, Sr. and Karen Hall, husband and wife, who hold their interests jointly as tenants by the entireties with rights of survivorship."

Name	Services	Status	Owner	Position
BFH Trucking	Trucking	Inactive	50%	D, S, T
Eastern	Grain Storage	Inactive	50%	D, S, T
Farm Properties	Residence	Active	50%	M
Holden	Trucking	Inactive	100%	M
Spuddog	Property	Active	50%	M

In addition, the Debtor owns three properties. First, 4401 Shay Lane, New Church, Virginia 23415 (the "Farm") is an approximately 30-acre farm. The Debtor leases this property to Holland Farms and is generally paid in December, when the crops are harvested. Second, 20305 Greenbush Road, Greenbush, Virginia 23357 (the "Land") is additional vacant land. The Debtor leases a small parcel of the Land to an unaffiliated company Sharp Energy, Inc., that has a propane tank located on the Land. Third, 8131 Lankford Highway, Oak Hall, Virginia 23416 (the "Post Office") is property that the Debtor leases to the United States Postal Service for a post office. These properties can be summarized as follows:⁴

Property	Address	Ownership
Farm	4401 Shay Lane, New Church, Virginia 23415	TBER
Land	20305 Greenbush Road, Greenbush Virginia 23357	TBER
Post Office	8131 Lankford Highway, Oak Hall, Virginia 23416	TBER

The Debtor's need for filing bankruptcy largely dates back to 2015. In that year one of the companies Benny F. Hall & Sons, LLC lost its seasonal line of credit stemming from litigation between Benny F. Hall, Sr. and his son Benny F. Hall, Jr. over the dissolution of their prior farming operation (which transpired in the lawsuit *Benny F. Hall, Sr. v. Benny F. Hall, Jr.*, Case Number CL13000042-00 before the Circuit Court of the County of Accomack, Virginia). The dissolution litigation lasted for several years, and the fees associated with the litigation were extensive.

⁴ "TBER" stands for tenants by entirety with rights of survivorship between the Debtor and her husband Benny F. Hall, Sr.

After dissolution, the Halls began paying down the debts in excess of their proportionate share since Mr. Hall, Jr., refused to do so. This created a significant strain on the business and personal cash flows. Mr. Hall obtained several additional loans to replace the lost line of credit, many of these being merchant cash advance financing (and at interest rates considerably higher than typical market rates).

Eventually, Mr. Hall engaged Michael Clements to negotiate payments terms for these loans. Mr. Clements then in turn introduced Mr. Hall to Tesh Shere, Vice-President of Kwick Capital. Mr. Shere was represented as a loan broker who could obtain a long-term loan with a working capital component that would not only settle the outstanding loans but provide additional operating capital for the farming business. Mr. Shere then recommended World Business Lenders, LLC ("WBL"). WBL initially indicated that it was very interested in making the loan, and indeed sent one of its corporate loan officers, Michael John, down to Virginia from New York in order to discuss in person. During that meeting, Mr. John stated that he "was a magician" and could get them (i) \$350,000.00 in 2-3 weeks and (ii) another \$2,000,000.00 to \$2,500,000.00 in 4-6 weeks. But after reviewing the property Mr. John indicated he could obtain an even larger loan for around 10-13% interest rates.

At the time, the Debtor and her husband made clear that they were running seasonal businesses, and thus could not make daily or even monthly regular payments. Mr. John indicated that he understood the property and would arrange for a loan which was interest only for the "down" months in order to accommodate the seasonal business needs.

After completion of a loan application and wire of \$10,000.00 (to cover an "appraisal fee"), WBL provided the Debtor with a term sheet for an undetermined loan amount ranging from 20% to 99% per annum, with a pre-payment penalty.

The Debtor and her husband understandably questioned the transaction. Mr. Shere reassured them the term sheet was only for a bridge loan which would last 6 to 8 months and then WBL would provide a larger loan on ordinary commercial terms to both refinance the bridge loan and provide working capital.

Ultimately in May of 2016 WBL closed on a \$350,000.00 note (which based on the interest rate would require repayment of \$605,500.10 no later than 12 months after origination). After closing the Debtor repeatedly inquired as to the larger consolidation loan. WBL made clear that it was working on the permanent loan and in the interim would advance additional funds.

Again, relying upon those statements, in June of 2016 WBL closed on a \$935,795.00 note. By January of 2017 the Debtor, and her affiliates, had already repaid \$1,014,000.00 on a loan in the principal amount of \$940,000.00. Yet by the Spring of 2017 when refinancing discussions broke down WBL claimed there was still an outstanding \$1,507,294.07 left on the obligation (meaning, a total repayment of \$2,514,000.00 on a \$940,000.00 loan!).

On July 6, 2017, WBL filed its *Complaint* (WBL Doc. No. 1) alleging breach of contract and unjust enrichment. On August 1, 2017, the Debtor (along with others) defended by filing their *Answer to Complaint and Counter-Claim* (WBL Doc. No. 2) (the "<u>Answer</u>") asserting fraud in the inducement, doctrine of first breaching party and unlawful penalty. The Answer also contained counterclaims for recission – fraud in the inducement, and, declaratory judgment.

The Debtor believes in her business' model and reputation; and, defenses to the lawsuits. However, the significant amount of energy and time the Debtor has been forced to spend dealing with the above-mentioned concerns has taken its toll on the Debtor and therefore necessitated the instant filing. On July 1, 2022 (the "Petition Date"), the Debtor filed her *Voluntary Petition for Individuals Filing for Bankruptcy* (Doc. No. 1).

II. <u>List of Officers, Directors and Insiders</u>

The Debtor is an individual and therefore does not have any officers or directors. The Debtor's insiders are her husband Benny F. Hall, Sr. and the businesses identified in Section I above.

III. Debtor's Annual Gross Revenues

The Debtor's annual gross revenues from wages, business operations and rental property for 2022 year to date are \$16,922.42, for 2021 were \$76,531.92 and for 2020 were \$106,805.72. In July the Debtor will begin receiving social security in the estimated amount of \$1,150.00 per month.

IV. Amounts Owed to Various Classes of Creditors⁵

A. Obligations Owed to Priority Creditors

The Debtor believes she owes amounts to the Internal Revenue Service; and, property tax collectors (who may be secured).

B. Obligations Owed to Secured Creditors

The Debtor has several secured creditors. Ally Financial may claim an interest in a 2021 GMC Yukon. The County of Accomack, Virginia and St. Johns County, Florida tax collectors may claim amounts secured by the Debtor's real property. In addition, Lee Davis may claim a mortgage on the Post Office and MAFC may claim a mortgage on the Farm. Finally, several creditors including Cambridge Farms, Inc. ("Cambridge"), Commercial Credit Group, Inc. ("CCG"), Deere & Company ("Deere"), M&M Packaging, Inc. ("M&M") and Multi Service Technology ("MST") have filed UCC-1 financing statements ("Financing Statements") as to the Debtor. These Financing Statements can be summarized as follows:

⁵ In making this case management summary the Debtor neither acknowledges nor consents to any creditor's amount, perfection, position, priority, validity or any other characteristics of the purported debts; and, expressly reserves the right to later object or otherwise challenge the same.

Date	State	UCC	Creditor	Collateral
7/6/17	Virginia	1707650460	MST	Accounts Receivable
9/8/17	Virginia	1709038515	CCG	Blanket
12/11/17	Virgina	1712651011	M&M	Blanket
12/21/17	Virginia	1712660681	M&M	2018 Crops
1/18/18	Florida	201803872827	Deere	4 Deere Tractors
3/20/18	Virginia	18032061407	Cambridge	Farm Products

Copies of the Financing Statements are attached hereto as Composite Exhibit A.

C. Obligations Owed to General Unsecured Creditors

The Debtor estimates its general unsecured creditors approximately 30 creditors in the aggregate amount of roughly \$5,000,000.00.

V. <u>General Description and Approximate Value of the Debtor's Current and Fixed Assets</u>

The Debtor's assets primarily consist of **a**) the three properties identified above, **b**) five vehicles and a trailer – GMC Yukon 2021, Lincoln Navigator 2010, Cadillac DTS 2007, Chevrolet Corvette, and Chevrolet Camero, **c**) various home and office furniture, **d**) her ownership interest in the businesses identified above and **e**) various accounts, including retirement accounts.

VI. Number of Employees and Amounts of Wages Owed as of Petition Date

The Debtor is an individual and does not have any employees in her individual name, and, therefore does not owe any wages as of the Petition Date.

VII. Status of Debtor's Payroll and Sales Tax Obligations

The Debtor believes she owes amounts to the Internal Revenue Service; and, property tax collectors (who may be secured).

VIII. Anticipated Emergency Relief to be Requested Within 14 Days from the Petition Date

While the Debtor does not anticipate all of the following matters will be on an "emergency" basis, to best advise the Court and interested parties the Debtor anticipates requesting relief within 14 days of the Petition Date on the following items:

- Debtor's Application for Interim and Final Orders Authorizing Employment of David Jennis, P.A. d/b/a/ Jennis Morse Etlinger as Counsel for the Debtor;
- Debtor's Application to Employ Certified Public Accountant;
- Debtor's Expedited Motion for Entry of Interim and Final Orders Authorizing Use of Cash Collateral and Providing Adequate Protection;
- Debtor's Motion for Joint Administration of Affiliated Case; and,
- Debtor's Motion for Order Pursuant to 11 U.S.C. §§ 105 and 366 (I) Prohibiting Utilities From Altering, Refusing, or Discontinuing Services on Account of Pre-Petition Invoices, (II) Approving Proposed Form of Adequate Assurance of Payment and (III) Establishing Procedure for Determining Requests for Additional Assurance of Payment.

IX. Strategic Objectives

Through bankruptcy, the Debtor shall continue to operate her businesses to preserve their going concern value, good will and reputation; and, shall seek to file a proposal plan of reorganization that the Debtor believes will be for the benefit of her creditors in an efficient and equitable and orderly manner.

DATED this 1st day of July, 2022.

/s/ Daniel E. Etlinger

David S. Jennis

Florida Bar No. 775940

Daniel E. Etlinger

Florida Bar No. 77420

Jennis Morse Etlinger

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Tampa, Florida 33602

Email: djennis@jennislaw.com

detlinger@jennislaw.com

ecf@jennislaw.com

Telephone: (813) 229-2800

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished, via CM/ECF electronic service to United States Trustee and to any other parties receiving notices via CM/ECF on this 1st day of July, 2022.

/s/ Daniel E. Etlinger
Daniel E. Etlinger



Office of the Clerk

July 06, 2017

MSTS Fuel Card 8650 College Blvd OVERLAND PARK, KS 66210

RECEIPT

RE: Karen Hall

DCN/FILE NO: 17-07-06-6046-3

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is July 06, 2017 at 03:02 PM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

FSACCEPT FSO CISECOM

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
21705	



Office of the Clerk

September 12, 2017

CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DRIVE **SPRINGFIELD, IL 62703-4261**

RECEIPT

RE:

KAREN WILLETT HALL

DCN/FILE NO: 17-09-08-3851-5

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is September 8, 2017 at 11:47 AM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

FSACCEPT FSO CIS0310

DEBTOR'S NAME: Provide only gap Debtor name (1e or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's emer); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1A-lane will into 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 UCC1A-lane will into 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 UCC1A-lane will into 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 UCC1A-lane 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 UCC1A-lane 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 UCC1A-lane 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 UCC1A-lane 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 UCC1A-lane will not fit in line 2b, Leave all of item 2 blank, check here first personal name. E. Malling Address Surname First personal name (a or 3b) (use exect, full name; on ort omit, modify, or abbreviate any part of the Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1A-lane will not fit in line 2b, Leave all of Item 2 blank, check here first personal name. Personal name (a or 3b) (use exect, full name; on ort only, modify, or abbreviate any part of the Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1A-lane Recomment
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Hall Karen Willett MAILING ADDRESS 8013 Long Lane CITY Temparanceville 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 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 UCC1Ar) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SU 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 Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CC1
MAILING ADDRESS 8013 Long Lane CITY Temparanceville CO VA 23442 CITY Temparanceville CITY Temparanceville
Temparanceville VA 23442 U DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual 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 UCC1Ac) 2a. ORGANIZATION'S NAME PIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE CO 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 Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CC1
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3a. ORGANIZATION'S NAME Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CCI
35. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SU
MAILING ADDRESS 227 West Trade Street, Suite 1450 CITY Charlotte STATE POSTAL CODE CO CHARLOTTE NC 28202 U

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:	6b. Check only if applicable and check only one box;
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 27218	1358 75081

UCC FIN	ANCING	STATEMENT	AMENDMEN	IΤ
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FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294
B. E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703 USA

Office of the Clerk Virginia State Corporation Commission

Filing Number: 202006090079553 Filing Date and Time: 06/09/2020 12:18 PM Total Number of Pages: 1 (Document filed electronically)

		THE ABOVE SPACE I	S FOR FILING OFFICE USE ON	ILY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 17090838515	1b. This FINANCING STATEI (or recorded) in the REAL Filer: <u>attach</u> Amendment	ESTATE RECORDS	to be filed [for record] BAd) and provide Debtor's name i	in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is to	erminated with respect to the securi	y interest(s) of Secured	I Party authorizing this Termination	on Statement
 ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and also indicate affected collaters 		name of Assignor in ite	em 9	
 CONTINUATION: Effectiveness of the Financing Statement identified above w the additional period provided by applicable law 	vith respect to the security interest(s) of Secured Party auth	orizing this Continuation Statement	ent is continued for
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Check one of these Examples			D DELETE O:	
	and/or address: Complete nd item 7a or 7b <u>and</u> item 7c	ADD name: Complet 7a or 7b, and item 7c		
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -				
6a. ORGANIZATION'S NAME Commercial Credit Group Inc.				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	IONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	Change - provide only one name (7a or 7h) (ise exact full name: do not or	mit modify or abbreviate any part of the F)ehtor's name)
7a. ORGANIZATION'S NAME	r Change - provide only <u>one</u> hame (7a or 7b) (se exact, full flame, do flot of	int, modify, or abbreviate any partor the b	ebioi s name)
Commercial Credit Group Inc.				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS 525 N Tryon Street, Suite 1000	CITY Charlotte		NC POSTAL CODE 28202	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral DELETE collate	al RESTATE o	covered collateral ASSIC	GN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN If this is an Amendment authorized by a DEBTOR, check here and provide name	T: Provide only <u>on</u> e name (9a or 9b e of authorizing Debtor) (name of Assignor, if the	his is an Assignment)	
9a. ORGANIZATION'S NAME Commercial Credit Group Inc.				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor:Hall, Karen Willett 1844 50934:184450934				

UCC FINANC	CING STATEME	NT AMENDMENT
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FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

Corporation Service Company 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)

SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Corporation Service Company

801 Adlai Stevenson Drive

Springfield, IL 62703 USA

Office of the Clerk Virginia State Corporation Commission

Filing Number: 202006220091431 Filing Date and Time: 06/22/2020 03:55 PM Total Number of Pages: 1 (Document filed electronically)

Springfield, IL 62703 USA					
		THE ABOVE S	PACE IS FOR	FILING OFFICE USE ON	ıv
Ia. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINA	NCING STATEMENT AMENDM			
17090838515	(or record	ed) in the REAL ESTATE RECO	RDS		
	•	h Amendment Addendum (Forn			
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 ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected collated. 		e in item 7c <u>and</u> name of Assign	or in item 9		
 CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law 	e with respect to the se	curity interest(s) of Secured Pa	rty authorizing	this Continuation Stateme	ent is continued for
5. 🙀 PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of the	ese three boxes to:	_		_	
	me and/or address: Cor			DELETE name: Give	
	; <u>and</u> item 7a or 7b <u>and</u>		titem 7c	to be deleted in item	n 6a or 6b
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Commercial Credit Group Inc. on behalf of itself and on	behalf of all A	filiates of CCI			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change - provide only or	e name (7a or 7b) (use exact, full name;	do not omit, modify	, or abbreviate any part of the D	ebtor's name)
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Commercial Credit Group Inc. on behalf of itself an	d on behalf of	III Affiliates of CCI			
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUALS FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL CONDUITOR LE TOURE (CONTOURNE (CO)					001111
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
525 N Tryon Street, Suite 1000	Charlotte	•	NC	28202	USA
- COULATERAL QUANCE					
	DD collateral	DELETE collateral RES	TATE covered	collateral L ASSIG	SN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDME	NT: Provide only one	name (9a or 9h) (name of Assig	nor if this is ar	Assignment)	
	me of authorizing Debt		1101, 11 (1113 13 (1	i Assignment)	
9a. ORGANIZATION'S NAME Commercial Credit Group Inc. on behalf of itself and on					
OP .			ADDITIONS	ANACIONANTE CON	loures:
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL N	IAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
Debtor =Hall, Karen Willett 1875 12949:187512949					

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 17090838515 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer; attach, havendment Addendum (Form UCC34d) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and address of Assignee in Item 7c and name of Assignor in Item 9 For partial assignment, complete Items 7 and 9 and also indicate affected collateral in Item 8 ADD CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continuate the additional period provided by applicable law PARTY INFORMATION CHANGE: Check ang of these two boxes: AND Check and of these three boxes to: CHANGE name and/or address. Complete This Change affects Debtor of Secured Party outhorizing this Continuation Statement is continuation Statement is on 66 CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only and name (6a or 6b) Ge. ROGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only and name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) Ta. ORGANIZATION'S NAME TOTAL TARGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only and name (7a or 7b) (use exact, fu	ued f
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Corporation Service Company 301 Adlai Stevenson Drive Springfield, IL 62703 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach, Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7 a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continuated the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check and of these two boxes: AND Check and of these three boxes to: CHANGE name and/or address: Complete Inter 6a or 6b; and item 7a or 7b; and item 7c To and name: Complete item DELETE name: Give record name Item 6a or 6b; and item 7a or 7b; and item 7c To and To and Item 7c To and Item 7c To and To and Item 7c To and I	ued f
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 17090838515 This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS File: attach Amendment Addendum (Form UCC34d) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and address of Assignee in Item 7c and name of Assignor in Item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continuitien additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these three boxes to: Check one of these two boxes: This Change affects Debtor or Secured Party of record lem 8a or 8b; and Item 7a or 7b, and Item 7c 7b, and Item 7c 7a or 7b, and Item 7c	ued f
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801 Adlai Stevenson Drive Springfield, IL 62703 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 17090838515 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continue the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record item 6a or 6b; and Item 7a or 7b and Item 7c 7a or 7b, and Item 7c to be deleted in Item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) (see exact, full name: do not onit, modify, or abbreviate any part of the Debtor's name) 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name: do not onit, modify, or abbreviate any part of the Debtor's name)	ued f
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1a. INITIAL FINANCING STATEMENT FILE NUMBER 17090838515 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attacth Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continue the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes: Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7a or 7b, and item 7c to be deleted in item 6a or 6b 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not onit, modify, or abbreviate any part of the Debtor's name)	ued f
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3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continuation and item 8 5. PARTY INFORMATION CHANGE: Check one of these two boxes: CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c Ta or 7b, and item 7c Ta or 7b, and item 7c To be deleted in item 6a or 6b 6a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	ued f
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For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continue to the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c To or 7b, and item 7c To be deleted in item 6a or 6b 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX T. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
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6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
Ta. Otto, Wild Wilde	
OR 75. INDIVIDUAL'S SURNAME	_
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFF	FIX
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUL	JNTF
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral	
Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME	

FIRST PERSONAL NAME

SUFFIX

ADDITIONAL NAME(S)/INITIAL(S)

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

9b. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA: 27218 2311 46905:231146905



Office of the Clerk

December 11, 2017

M Rogowski 401 Pulaski Highway Goshen, NY 10924

RECEIPT

RE: Benny Hall & Sons Produce

DCN/FILE NO: 17-12-11-6251-0

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is December 11, 2017 at 04:46 PM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

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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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	ver Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S	tatement; if line 1b was left blank			
because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
Benny Hall & Sons Produce				
OR 9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
TINGT FERGONAL NAME				
	I			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debt	tor name or Debtor name that did not fit in	line 1b or 2b of the Financing S	Statement (Form UCC1) (use	e exact, full name
do not omit, modify, or abbreviate any part of the Debtor's name) and				
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
Hall				
INDIVIDUAL'S FIRST PERSONAL NAME				
Karen				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
29350 Horsey Rd. Po Box 330	Oak Hall	VA	23416	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13. This FINANCING STATEMENT is to be filed [for record] (or record	ded) in the 14. This FINANCING STATE	MENT:		
REAL ESTATE RECORDS (if applicable)	covers timber to be c	ut Covers as-extracted	collateral	a fixture filing
15. Name and address of a RECORD OWNER of real estate described in i		at Develous as extracted	oonatorar to med do t	. Tixture Tilling
(if Debtor does not have a record interest):	·			
47 MICCELLANICOLIC.	<u> </u>			
17. MISCELLANEOUS:				

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 18a. ORGANIZATION'S NAME Benny Hall & Sons Produce 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a. ORGANIZATION'S NAME Benny F Hall & Sons LLC 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 19c. MAILING ADDRESS CITY STATE POSTAL CODE 29350 Horsey Rd. Po Box 330 Oak Hall VA 23416 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME OR 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 24. MISCELLANEOUS:



Office of the Clerk

August 17, 2018

N Rogowski 401 Pulaski Highway Goshen , NY 10924

RECEIPT

RE: BENNY HALL & SONS PRODUCE

DCN/FILE NO: 18-08-17-5748-7

ORIGINAL DCN/FILE NO: 17-12-11-6251-0

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an amendment to a financing statement with this office.

The effective date of the filing is August 17, 2018 at 01:55 PM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

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UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT					
A. NAME & PHONE OF CONTACT AT FILER (optional)		7				
N Rogowski						
B. E-MAIL CONTACT AT FILER (optional)		1				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1				
N Rogowski						
401 Pulaski Highway	•	File Number	18-08-1	7-5748-7		
Goshen , NY 10924		File Date and Time	August	17, 2018 at 01:55	PM.	
1	1	Filed	Virginia	a State Corporation	Comm	ission
				R FILING OFFICE		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 17121162510		1b. This FINANCING STATE (or recorded) in the REA Filer: attach Amendment A	L ESTATE	RECORDS	•	•
TERMINATION: Effectiveness of the Financing Statement identified al Statement	oove is terminated	with respect to the security inter	est(s) of Se	cured Party authorizi	ng this T	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a o For partial assignment, complete items 7 and 9 <u>and</u> also indicate affecte			of Assignor	in item 9		
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respec	ct to the security interest(s) of Se	cured Party	authorizing this Cor	itinuation	Statement is
5. X PARTY INFORMATION CHANGE:						
Check one of these two poxes.	one of these three t	address: Complete ADD no	ame: Comple	ete item DELETE	name: G	ive record name
This Change affects X Debtor or Secured Party of record iter	n 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 🔀 7a or 7	b, <u>and</u> item 7	c to be dele		m 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Ct 6a. ORGANIZATION'S NAME 	nange - provide only	one name (6a or 6b)				
OR ORGANIZATIONS INAME						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIC	NAL NAME(S)/INITIA	L(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infor	mation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full	name; do not o	mit, modify, or abbreviate a	ny part of t	ne Debtor's name)
7a. ORGANIZATION'S NAME						
Holden's Creek Farm, LLC						
7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL OF INOT I ENGOVAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
29350 Horsey Road	Oak Hal	11	VA	23416		
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE 0	covered collateral	AS	SSIGN collatera
maicate conateral.						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT:	Provide only <u>one</u> name (9a or 9b)	(name of As	signor, if this is an As	signment	t)
· · · · · · · · · · · · · · · · · · ·	le name of authoriz	ing Debtor				
9a. ORGANIZATION'S NAME M & M Packaging, Inc.						
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAI NAME	ADDITIO	NAL NAME(S)/INITIA	I (S)	SUFFIX
SS. INDIVIDUAL O SOLVANIE	I MOI FERSO	THE TAY MAIL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E IV IVIE(O)/IIVITIA	()	301117
10. OPTIONAL FILER REFERENCE DATA:						



Office of the Clerk

December 21, 2017

M Rogowski 401 Pulaski Highway Goshen, NY 10924

RECEIPT

RE: Benny Hall & Sons Produce

DCN/FILE NO: 17-12-21-6384-2

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is December 21, 2017 at 03:28 PM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

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6. Officer of the state of the	being administered by a Bedeacht 31 clothal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	X Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	/er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S	tatement; if line 1b was left blank			
because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
Benny Hall & Sons Produce				
OR 9b. INDIVIDUAL'S SURNAME				
S. INDIVIDUAL O CONTOUND				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Deb do not omit, modify, or abbreviate any part of the Debtor's name) and		ine 1b or 2b of the Financing	Statement (Form UCC1) (use	e exact, full name
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
Hall				
INDIVIDUAL'S FIRST PERSONAL NAME				
Karen				Louisen
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
29350 Horsey Rd. Po Box 330	Oak Hall	VA	23416	
11. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S	NAME: Dravida anticana n	(11 11h)	
11a. ORGANIZATION'S NAME	ASSIGNOR SECONED PARTIES	NAME. Provide only one n	ame (11a of 11b)	
M & M Produce Farms & Sales				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
401 Pulaski Highway	Goshen	NY	10924	COONTRI
	335			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
12 This FINANCINIO CTATEMENT is to be filed for according	de an in the 144 This FINANCINO CTATEN	ITAIT.		
13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	ded) in the 14. This FINANCING STATEM covers timber to be co		colleteral D is filed as a	fivtura filina
15. Name and address of a RECORD OWNER of real estate described in		covers as-extracted	collateral is filed as a	a fixture filing
(if Debtor does not have a record interest):	· ·			
17. MISCELLANEOUS:	·			

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 18a. ORGANIZATION'S NAME Benny Hall & Sons Produce 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a. ORGANIZATION'S NAME Benny F Hall & Sons LLC 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 19c. MAILING ADDRESS CITY STATE POSTAL CODE 29350 Horsey Rd. Po Box 330 Oak Hall VA 23416 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME OR 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 24. MISCELLANEOUS:



Office of the Clerk

August 17, 2018

N Rogowski 401 Pulaski Highway Goshen, NY 10924

RECEIPT

RE: BENNY HALL & SONS PRODUCE

DCN/FILE NO: 18-08-17-5761-5

ORIGINAL DCN/FILE NO: 17-12-21-6384-2

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an amendment to a financing statement with this office.

The effective date of the filing is August 17, 2018 at 02:04 PM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

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UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT					
A. NAME & PHONE OF CONTACT AT FILER (optional)		7				
N Rogowski						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
N Rogowski						
401 Pulaski Highway	•	File Number	18-08-1	7-5761-5		
Goshen, NY 10924		File Date and Time	August	17, 2018 at 02:04 l	PM.	
1	I	Filed	Virginia	a State Corporation	Commi	ission
		· •		R FILING OFFICE		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 17122163842		1b. This FINANCING STATE (or recorded) in the REA Filer: attach Amendment A	AL ESTATE	RECORDS	•	•
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated	with respect to the security inter	est(s) of Se	cured Party authorizi	ng this T	ermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affected.			of Assignor	r in item 9		
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	l above with respe	ct to the security interest(s) of Se	ecured Party	authorizing this Con	tinuation	Statement is
5. X PARTY INFORMATION CHANGE:						
Check one of these two boxes. — — — — — — — — — — — — — — — — — — —	one of these three IANGE name and/o	r address: CompleteADD na	ame: Comple	ete itemDELETE	name: Gi	ve record name
This Change affects X Debtor or Secured Party of record iter	m 6a or 6b; <u>and</u> iten	n 7a or 7b <u>and</u> item 7c 🔀 7a or 7	b, <u>and</u> item 7	c to be dele		m 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information CI Ga. ORGANIZATION'S NAME 	nange - provide onl	y <u>one</u> name (6a or 6b)				
Ga. Sitter Will All Sitter Williams						
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIC	NAL NAME(S)/INITIA	L(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infor	mation Change - provid	e only <u>one</u> name (7a or 7b) (use exact, full	name; do not o	mit, modify, or abbreviate a	ny part of th	e Debtor's name)
7a. ORGANIZATION'S NAME Holden's Creek Farm, LLC						
OR 75. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
INDIVIDUAL 3 ADDITIONAL NAMIC(3)/INTITIAL(3)						30111X
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
29350 Horsey Road	Oak Ha	11	VA	23416		
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE (covered collateral	AS	I SIGN collateral
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provide	AMENDMENT: de name of authoriz		(name of As	ssignor, if this is an As	signment)
9a. ORGANIZATION'S NAME	5. 44410112					
M & M Packaging, Inc.						
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIC	NAL NAME(S)/INITIA	L(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:						

	FLORIDA	SECURED TRAN	SACTION REGISTRY
	12014521		
UCC FINANCING STATEMENT		FILE	
A. NAME & PHONE OF CONTACT AT FILER (optional)		2018 Jan 18 0	
UCC DEPARTMENT 8884278713	****	* 20180387	72827 *****
B. E-MAIL CONTACT AT FILER (optional)			
JDFUCCFilings@JohnDeere.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)			<u> </u>
	$\neg I$		
JOHN DEERE FINANCIAL 6400 NW 86TH STREET			
PO BOX 6630			
JOHNSTON, IA 50131			
11	11		
		PACE IS FOR FILING	
 DEBTOR'S NAME: Provide only one Debtor name (1e or 1b) (use exact, full name name will not fit in line 1b, leave all of item 1 blank, check here and provide the line. 	; do not omit, modify, or abbreviate any part of adividual Debtor information in item 10 of the Fi		
1a, ORGANIZATION'S NAME			
OR			
16. INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S	VINITIAL(S) SUFFIX
HALL 1c. MAILING ADDRESS	CITY	WILLETT STATE POSTAL	CODE COUNTRY
552 BOXWOOD PL	ST AUGUSTINE	FL 32086	6 US
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 li 2a. ORGANIZATION'S NAME	ndividual Debtor information in item 10 of the F	inancing Statement Adder	ndum (Form UCC1Ad)
2. Crown David			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	D PARTY): Provide only one Secured Party na	me (3a or 3b)	
3a. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , ,	(02 0. 02)	
DEERE & COMPANY	4	·· · ····	······································
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTA	L CODE COUNTRY
6400 NW 86TH ST	JOHNSTON	IA 5013	
4. COLLATERAL: This financing statement covers the following collateral:			
Any Required Florida Document Stamp Tax Has Been	Paid.		
John Deere 6105 Utility Tractor S/N: 051813			
John Deere 6105 Utility Tractor S/N: 051814			
John Deere 6105 Utility Tractor S/N: 051812			
John Deere 6105 Utility Tractor S/N: 051807			
together with (1) all attachments, accessories and compo	nents, renairs and improvem	ents. (2) all acco	uints general
intangibles, contract rights and chattel paper relating th			
limitation, insurance, sale, lease and rental proceeds, an	d proceeds of proceeds.	_	
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UC 6a. Check <u>only</u> if applicable and check <u>only</u> one box:		ng administered by a Deced heck <u>only</u> if applicable and	dent's Personal Representative
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Cor	ssignee/Consignor Seller/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: FL 3583545 01/13/2018			



Office of the Clerk

March 20, 2018

Eileen K. Tobin, Corporate Para Cameron & Mittleman 301 Promenade S Providence, RI 02908

RECEIPT

RE: Benny F. Hall & Sons, LLC

DCN/FILE NO: 18-03-20-6140-7

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is March 20, 2018 at 01:07 PM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

FSACCEPT FSO CISECOM

LICC	FINΙΔ	NCING	STAI	TEMENT
-	1 11 17		\mathbf{v}	

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Eileen K. Tobin, Corporate Para 401-33	31-5700				
B. E-MAIL CONTACT AT FILER (optional) ETobin@cm-law.com		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Eileen K. Tobin, Corporate Para	\neg				
Cameron & Mittleman	'		18-03-20-614	10.7	
301 Promenade S		File Number	16-03-20-014	10-1	
Providence, RI 02908		File Date and Time	March 20, 20	018 at 01:07 PM.	
l 1	1	Filed	Virginia Stat	e Corporation Commissi	on
		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit,				
				atement Addendum (Form U	
1a. ORGANIZATION'S NAME					
Benny F. Hall & Sons, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	ICHY				
	Oak Hall	L	VA	23416	
29350 Horsey Rd	Oak Hall		VA	23416	
29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full	Oak Hall	modify, or abbreviate any p	VA art of the Debtor	23416 's name); if any part of the In	dividual Debtor's
29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide	Oak Hall	modify, or abbreviate any p	VA art of the Debtor	23416	dividual Debtor's
29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full	Oak Hall	modify, or abbreviate any p	VA art of the Debtor	23416 's name); if any part of the In	dividual Debtor's
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29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	Oak Hall name; do not omit, the Individual Debt	modify, or abbreviate any p for information in item 10 of t	art of the Debtor	23416 's name); if any part of the In	dividual Debtor's
29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Hall	Oak Hall name; do not omit, the Individual Debt	modify, or abbreviate any p for information in item 10 of t	va art of the Debtor the Financing St ADDITIO	23416 's name); if any part of the Inatement Addendum (Form Ut	dividual Debtor's CC1Ad)
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29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME Hall 2c. MAILING ADDRESS 29350 Horsey Rd 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUNDAME Cambridge Farms, Inc. OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 24 Norfolk Avenue Suite C 4. COLLATERAL: This financing statement covers the following collateral:	Oak Hall name; do not omit, the Individual Debt FIRST PERSON, Benny CITY Oak Hall JRED PARTY): Pro FIRST PERSON, CITY South Ea	modify, or abbreviate any poor information in item 10 of the second of t	ADDITION ADDITION ADDITION STATE VA ADDITION ADDITION ADDITION STATE MA	23416 's name); if any part of the Inatement Addendum (Form Utility) NAL NAME(S)/INITIAL(S) POSTAL CODE 23416 D) NAL NAME(S)/INITIAL(S) POSTAL CODE 02375	dividual Debtor's CC1Ad) SUFFIX COUNTRY SUFFIX COUNTRY
29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Hall 2c. MAILING ADDRESS 29350 Horsey Rd 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME Cambridge Farms, Inc. 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 24 Norfolk Avenue Suite C 4. COLLATERAL: This financing statement covers the following collateral: Farm Products (as such term is defined	Oak Hall name; do not omit, the Individual Debt FIRST PERSON, Benny CITY Oak Hall JRED PARTY): Pro FIRST PERSON, CITY South Ea	modify, or abbreviate any poor information in item 10 of the second of t	ADDITION ADDITION ADDITION STATE VA ADDITION ADDITION STATE MA Cial Cool	23416 's name); if any part of the Inatement Addendum (Form Utility) NAL NAME(S)/INITIAL(S) POSTAL CODE 23416 DO NAL NAME(S)/INITIAL(S) POSTAL CODE 02375 de) now owned	dividual Debtor's CC1Ad) SUFFIX COUNTRY SUFFIX COUNTRY
29350 Horsey Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME Hall 2c. MAILING ADDRESS 29350 Horsey Rd 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUNDAME Cambridge Farms, Inc. OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 24 Norfolk Avenue Suite C 4. COLLATERAL: This financing statement covers the following collateral:	Oak Hall name; do not omit, the Individual Debt FIRST PERSON, Benny CITY Oak Hall JRED PARTY): Pro FIRST PERSON, CITY South Ea	modify, or abbreviate any poor information in item 10 of the second of t	ADDITION ADDITION ADDITION STATE VA ADDITION ADDITION STATE MA Cial Cool	23416 's name); if any part of the Inatement Addendum (Form Utility) NAL NAME(S)/INITIAL(S) POSTAL CODE 23416 DO NAL NAME(S)/INITIAL(S) POSTAL CODE 02375 de) now owned	dividual Debtor's CC1Ad) SUFFIX COUNTRY SUFFIX COUNTRY

- (a) all goods of Debtor, including all crops grown, growing or to be grown on t
- crops grown, growing or to be grown on the land by Debtor in the conduct of farming operations located in Oak Hall, Virginia and Elkton, Florida as more particularly described herein (the "Land") and after severance from the Land and all evidence of ownership rights pertaining to such crops;
- (b) all products of such crops;

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	X Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
CAMFA-37443	

OLLOW INSTRUCTIONS 1. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fin	nancing Statement: if line 1b was left blank			
because Individual Debtor name did not fit, check here	landing Glaterient, if line 15 was left blank			
9a. ORGANIZATION'S NAME Benny F. Hall & Sons, LLC				
-				
R 9b. INDIVIDUAL'S SURNAME				
FIRST REPORTED AND THE PROPERTY OF THE PROPERT				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only one additi			IS FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Debtor's na		or 20 or the Financing	Statement (Form OCC1) (us	e exact, full na
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
Hall				
INDIVIDUAL'S FIRST PERSONAL NAME Karen				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS 9350 Horsey Rd	CITY	STATE VA	POSTAL CODE 23416	COUNTR
ADDITIONAL SECURED PARTY'S NAME or		ME: Provide only <u>one</u> n	I ame (11a or 11b)	ISHEEIX
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NAI	ME: Provide only <u>one</u> n	ame (11a or 11b) DNAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	ASSIGNOR SECURED PARTY'S NAI	ME: Provide only <u>one</u> n	I ame (11a or 11b)	
ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): c) all 21aims to or demands for the vor liquidated claims, proceeds insurance policies relating to policies are required by this payments now or later to be main urisdiction for any taking or	FIRST PERSONAL NAME CITY Columntary or involuntary constant of all present and future of the crops and the improver Security Agreement, and all ide by any public body or decrease.	ME: Provide only one n ADDITION STATE nversion of fire, hazarments, wheth condemnat: ecree by any	postal code the crops in cd or casualtion awards or court of co	countre countr
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL SPACE FOR ITEM 4 (Collateral): all laims to or demands for the v r liquidated claims, proceeds nsurance policies relating to olicies are required by this ayments now or later to be ma urisdiction for any taking or roceeding;	FIRST PERSONAL NAME CITY Columntary or involuntary consoler and future the crops and the improver Security Agreement, and allowed by any public body or design connection with any consoler (or recorded) in the 14. This FINANCING STATEMENT:	ADDITION STATE aversion of fire, hazarents, wheth condemnation of the condemnation of	postal code the crops in the c	countre to cash y ch mpetent
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS C. ADDITIONAL SPACE FOR ITEM 4 (Collateral): c) all laims to or demands for the v r liquidated claims, proceeds nsurance policies relating to olicies are required by this ayments now or later to be ma urisdiction for any taking or roceeding; C. X This FINANCING STATEMENT is to be filed [for record] REAL ESTATE RECORDS (if applicable) E. Name and address of a RECORD OWNER of real estate descriptions.	FIRST PERSONAL NAME CITY Coluntary or involuntary cores of all present and future of the crops and the improver Security Agreement, and all ade by any public body or design connection with any cores (or recorded) in the 14. This FINANCING STATEMENT: covers timber to be cut covers timber to be cut	ADDITION STATE ADDITION STATE ADDITION STATE ADDITION STATE COVERSION OF ADDITION STATE STATE ADDITION STATE STATE ADDITION STATE STATE ADDITION STATE	postal code the crops in the c	countre countr
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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fina	ancing Statement; if line 1b	was left blank	1			
because Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME			1			
Benny F. Hall & Sons, LLC						
OR 9b. INDIVIDUAL'S SURNAME						
9D. INDIVIDUAL S SURNAME						
FIRST PERSONAL NAME			ł			
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1			
			THE ABOVE S	SPACE	S FOR FILING OFFICE	USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one addition do not omit, modify, or abbreviate any part of the Debtor's name 			n line 1b or 2b of the Fi	nancing S	tatement (Form UCC1) (use	exact, full nam
10a. ORGANIZATION'S NAME						
DR						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
0c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	'S NAME: Provide or		NAL NAME(S)/INITIAL(S)	SUFFIX
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OLLOW INSTRUCTIONS 1. NAME OF FIRST DEBTOR: Same as line 1a or 1b on	Financing Statement; if line 1b wa	as left blank			
9a. ORGANIZATION'S NAME Benny F. Hall & Sons, LLC	I				
9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPA	CE IS FOR FILING	OFFICE USE ONLY
D. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> add do not omit, modify, or abbreviate any part of the Debtor's					
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	CITY		STA	TE POSTAL CODE	COUNTR
1. ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME		CURED PARTY'S	S NAME: Provide only on ADD	ne name (11a or 11b) DITIONAL NAME(S)/INI	TIAL(S) SUFFIX
11a. ORGANIZATION'S NAME				DITIONAL NAME(S)/INI	
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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ement; if line 1b was left blank	1		
9a. ORGANIZATION'S NAME		-		
Benny F. Hall & Sons, LLC				
		1		
OR 9b. INDIVIDUAL'S SURNAME		-		
]		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	1		
			IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en 		n line 1b or 2b of the Financing	Statement (Form UCC1) (use	exact, full nam
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	LOITY	LOTATE	IPOSTAL CODE	COUNTRY
oc. Mailing address	CITY	STATE	POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Farms designated by the United	follows			
Farm::1095 SR 13A, E1		23416		
Farm: :1095 SR 13A, E1	kton, ad, Oak Hall, VA			
Farm: :1095 SR 13A, E1	Ad, Oak Hall, VA	EMENT: cut covers as-extracted	collateral is filed as a	fixture filing
Farm: :29350 Horsey Roa 13. This FINANCING STATEMENT is to be filed [for record] (or recorded)	ad, Oak Hall, VA	EMENT: cut covers as-extracted	collateral	fixture filing
Farm: :1095 SR 13A, E13 Farm: :29350 Horsey Roa 13. This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in iter	ad, Oak Hall, VA	EMENT: cut covers as-extracted	collateral is filed as a	fixture filing
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FOLLOW INSTRUCTIONS				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	atement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
Benny F. Hall & Sons, LLC				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFICE	LISE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debto do not omit, modify, or abbreviate any part of the Debtor's name) and e				
10a. ORGANIZATION'S NAME	<u> </u>			
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
The foregoing may hereinafter be referred to collection. 13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in its (if Debtor does not have a record interest):	ed) in the 14. This FINANCING STATE	MENT: cut covers as-extracted	collateral is filed as a	a fixture filing