

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION

In re:

KAREN W. HALL,

Debtor.

Case No: 3:22-bk-01326

Chapter 11

DEBTOR'S CHAPTER 11 CASE MANAGEMENT SUMMARY¹

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

I. Description of the Debtor's Business, Locations and Reasons for Filing

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 applicable 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 “Answer”) asserting fraud in the inducement, doctrine of first breaching party and unlawful penalty. The Answer also contained counterclaims for rescission – 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. List of Officers, Directors and Insiders

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. General Description and Approximate Value of the Debtor's Current and Fixed Assets

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 Camaro, **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

Address: 606 East Madison Street
Tampa, Florida 33602

Email: djennis@jennislaw.com
detlinger@jennislaw.com
ecf@jennislaw.com

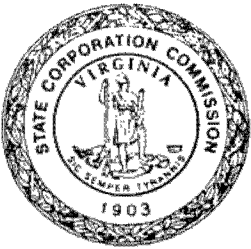
Telephone: (813) 229-2800

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



eFile (01/11)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MSTS Fuel Card 9136639646	
B. E-MAIL CONTACT AT FILER (optional) SBWHITTERS@MULTISERVICE.COM	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<div style="border: 1px solid black; padding: 5px;"> Sarah Whitters 8650 College Blvd OVERLAND PARK, KS 66210 </div>	

File Number 17-07-06-6046-3

File Date and Time July 06, 2017 at 03:02 PM.

Filed Virginia State Corporation Commission

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				
OR				
1b. INDIVIDUAL'S SURNAME Hall		FIRST PERSONAL NAME Karen		ADDITIONAL NAME(S)/INITIAL(S)
1c. MAILING ADDRESS 29350 Horsey Rd		CITY Oak Hall	STATE VA	POSTAL CODE 23416
			COUNTRY	

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 Holden's Creek Farm, LLC				
OR				
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
2c. MAILING ADDRESS 29350 Horsey Rd		CITY Oak Hall	STATE VA	POSTAL CODE 23416
			COUNTRY	

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 Multi Service Technology Solutions, Inc.				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
3c. MAILING ADDRESS 8650 College Blvd		CITY Overland Park	STATE KS	POSTAL CODE 66210
			COUNTRY	

4. COLLATERAL: This financing statement covers the following collateral:

The following properties, assets and rights of the Debtor, whether now owned or hereafter acquired, and all proceeds and products thereof: accounts receivable.

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/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

21705



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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
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1709320038

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

2017 SEP -8 AM 11:47

170908 3851 -5

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1358 75081 - 9/7/2017 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Virginia (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)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME Hall	FIRST PERSONAL NAME Karen	ADDITIONAL NAME(S)/INITIAL(S) Willett	SUFFIX
1c. MAILING ADDRESS 8013 Long Lane		CITY Temperanceville	STATE VA	POSTAL CODE 23442
			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 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 CCI				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 227 West Trade Street, Suite 1450		CITY Charlotte	STATE NC	POSTAL CODE 28202
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

All Assets now owned or hereafter acquired, including but not limited to all accounts, accounts receivable, chattel paper, contract rights, documents, equipment, fixtures, general intangibles, goods, instruments, inventory, securities, deposit accounts, investment property and all other property of whatever nature and kind, wherever located, in which such Guarantor now or hereafter has any right or interest and in any and all attachments, accessories, tooling, substitutions, replacements, replacement parts, additions, software and software upgrades and all cash and non-cash proceeds (including rental proceeds, insurance proceeds, accounts and chattel paper arising out of or related to the sale, use, rental or other disposition thereof)

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 Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA: 27218

1358 75081

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Office of the Clerk
Virginia State Corporation CommissionFiling Number: 202006090079553
Filing Date and Time: 06/09/2020 12:18 PM
Total Number of Pages: 1
(Document filed electronically)

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. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13
2. <input type="checkbox"/> 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. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8	
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor <u>or</u> <input checked="" type="checkbox"/> Secured Party of record <input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)	
6a. ORGANIZATION'S NAME Commercial Credit Group Inc.	
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)	
7a. ORGANIZATION'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
	STATE NC
	POSTAL CODE 28202
	COUNTRY USA
8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME Commercial Credit Group Inc.	
OR	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Hall, Karen Willett 1844 50934:184450934	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Office of the Clerk
Virginia State Corporation CommissionFiling Number: 202006220091431
Filing Date and Time: 06/22/2020 03:55 PM
Total Number of Pages: 1
(Document filed electronically)

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. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13			
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5. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor <u>or</u> <input checked="" type="checkbox"/> Secured Party of record <input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
6a. ORGANIZATION'S NAME Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CCI				
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)				
7a. ORGANIZATION'S NAME Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CCI				
OR	7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
7c. MAILING ADDRESS 525 N Tryon Street, Suite 1000	CITY Charlotte	STATE NC	POSTAL CODE 28202	COUNTRY USA
8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CCI				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor =Hall, Karen Willett 1875 12949:187512949				

UCC FINANCING STATEMENT AMENDMENT

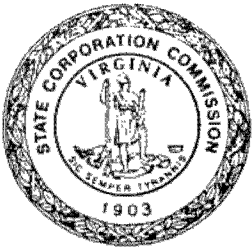
FOLLOW INSTRUCTIONS

Office of the Clerk
Virginia State Corporation CommissionFiling Number: 202204280064440
Filing Date and Time: 4/28/2022 10:20:05
AM
Total Number of Pages: 1

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. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13			
2. <input type="checkbox"/> 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. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8				
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between;"> <div> This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c </div> <div> <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c </div> <div> <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b </div> </div>				
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)				
7a. ORGANIZATION'S NAME				
OR				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
SUFFIX				
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8. <input type="checkbox"/> COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME Commercial Credit Group Inc. on behalf of itself and on behalf of all Affiliates of CCI				
OR				
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: 27218 2311 46905:231146905				



eFile (01/11)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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

FSACCEPT
FSO
CISECOM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) M Rogowski 8455902334
B. E-MAIL CONTACT AT FILER (optional) mmoffice100@gmail.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) M & M Packaging, Inc. 401 Pulaski Highway Goshen, NY 10924

File Number 17-12-11-6251-0

File Date and Time December 11, 2017 at 04:46 PM.

Filed Virginia State Corporation Commission

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 Benny Hall & Sons Produce				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
29350 Horsey Rd. Po Box 330	Oak Hall	VA	23416	

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
29350 Horsey Rd. Po Box 330	Oak Hall	VA	23416	

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 M & M Packaging, Inc.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
401 Pulaski Highway	Goshen	NY	10924	

4. COLLATERAL: This financing statement covers the following collateral:

BLANKET -- "ALL ASSETS"

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/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny Hall & Sons Produce

OR

9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

29350 Horsey Rd. Po Box 330

CITY

Oak Hall

STATE

VA

POSTAL CODE

23416

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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 recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut☐ covers as-extracted collateral☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

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

OR

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

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

29350 Horsey Rd. Po Box 330

CITY

Oak Hall

STATE

VA

POSTAL CODE

23416

COUNTRY

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

CITY

STATE

POSTAL CODE

COUNTRY

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

22. ☐ 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)

SUFFIX

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

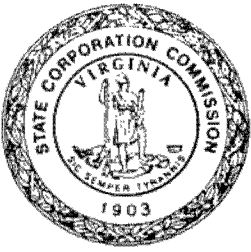
CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:



eFile (01/11)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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

FSACCEPT
FSAM
CISECOM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) N Rogowski				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> N Rogowski 401 Pulaski Highway Goshen , NY 10924 </div>				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 17121162510		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.		

File Number 18-08-17-5748-7
File Date and Time August 17, 2018 at 01:55 PM.
Filed Virginia State Corporation Commission

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 continued for 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:
This Change affects ☒ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☒ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one 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 one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME			
Holden's Creek Farm, LLC			
OR 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX

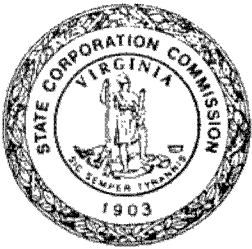
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
29350 Horsey Road	Oak Hall	VA	23416	

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			
M & M Packaging, Inc.			
OR 9b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:



eFile (01/11)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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

FSACCEPT
FSO
CISECOM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) M Rogowski 8452584939	
B. E-MAIL CONTACT AT FILER (optional) nancy_rogowski@hotmail.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
M Rogowski 401 Pulaski Highway Goshen, NY 10924	

File Number 17-12-21-6384-2

File Date and Time December 21, 2017 at 03:28 PM.

Filed Virginia State Corporation Commission

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 Benny Hall & Sons Produce					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 29350 Horsey Rd. Po Box 330		CITY Oak Hall	STATE VA	POSTAL CODE 23416	COUNTRY

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 Hall		FIRST PERSONAL NAME Benny	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX Sr.
2c. MAILING ADDRESS 29350 Horsey Rd. Po Box 330		CITY Oak Hall	STATE VA	POSTAL CODE 23416	COUNTRY

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 M & M Packaging, Inc.					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 401 Pulaski Highway		CITY Goshen	STATE NY	POSTAL CODE 10924	COUNTRY

4. COLLATERAL: This financing statement covers the following collateral:

2018 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 only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☒ Agricultural Lien ☐ Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny Hall & Sons Produce

OR

9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

29350 Horsey Rd. Po Box 330

CITY

Oak Hall

STATE

VA

POSTAL CODE

23416

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

M & M Produce Farms & Sales

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

401 Pulaski Highway

CITY

Goshen

STATE

NY

POSTAL CODE

10924

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

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

OR

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

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

29350 Horsey Rd. Po Box 330

CITY

Oak Hall

STATE

VA

POSTAL CODE

23416

COUNTRY

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

CITY

STATE

POSTAL CODE

COUNTRY

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

22. ☐ 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)

SUFFIX

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

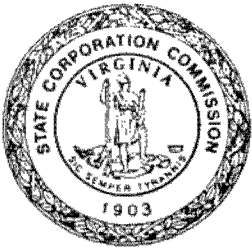
CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:



eFile (01/11)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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

FSACCEPT
FSAM
CISECOM

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) N Rogowski				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
<div style="border: 1px solid black; padding: 5px;"> N Rogowski 401 Pulaski Highway Goshen, NY 10924 </div>			File Number 18-08-17-5761-5 File Date and Time August 17, 2018 at 02:04 PM. Filed Virginia State Corporation Commission THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	

1a. INITIAL FINANCING STATEMENT FILE NUMBER
17122163842

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 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 continued for the additional period provided by applicable law

5. ☒ **PARTY INFORMATION CHANGE:**
Check one of these two boxes: ☒ Debtor or ☐ Secured Party of record 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 ☒ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one 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 one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME			
Holden's Creek Farm, LLC			
OR			
7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX

7c. MAILING ADDRESS

29350 Horsey Road	CITY Oak Hall	STATE VA	POSTAL CODE 23416	COUNTRY
--------------------------	-------------------------	--------------------	-----------------------------	---------

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			
M & M Packaging, Inc.			
OR			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

FLORIDA SECURED TRANSACTION REGISTRY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

FILED

2018 Jan 18 09:48 AM

***** 201803872827 *****

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

UCC DEPARTMENT 8884278713

B. E-MAIL CONTACT AT FILER (optional)

JDFUCCFilings@JohnDeere.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

JOHN DEERE FINANCIAL
6400 NW 86TH STREET
PO BOX 6630
JOHNSTON, IA 50131

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

OR

1b. INDIVIDUAL'S SURNAME

HALL

FIRST PERSONAL NAME

KAREN

ADDITIONAL NAME(S)/INITIAL(S)

WILLETT

SUFFIX

1c. MAILING ADDRESS

552 BOXWOOD PL

CITY

ST AUGUSTINE

STATE

FL

POSTAL CODE

32086

COUNTRY

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 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 of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

DEERE & COMPANY

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

6400 NW 86TH ST

CITY

JOHNSTON

STATE

IA

POSTAL CODE

50131

COUNTRY

US

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 components, repairs and improvements, (2) all accounts, general intangibles, contract rights and chattel paper relating thereto, and (3) all proceeds, thereto including, without limitation, insurance, sale, lease and rental proceeds, and proceeds of proceeds.

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

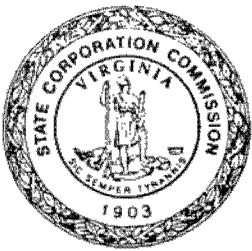
6a. Check only if applicable and check only one box:☐ Public-Finance Transaction☐ Manufactured-Home Transaction☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ Bailee/Bailor☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FL 3583545 01/13/2018



eFile (01/11)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

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

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Eileen K. Tobin, Corporate Para 401-331-5700
B. E-MAIL CONTACT AT FILER (optional) ETobin@cm-law.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Eileen K. Tobin, Corporate Para Cameron & Mittleman 301 Promenade S Providence, RI 02908 </div>

File Number 18-03-20-6140-7
 File Date and Time March 20, 2018 at 01:07 PM.
 Filed Virginia State Corporation Commission

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 Benny F. Hall & Sons, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
29350 Horsey Rd	Oak Hall	VA	23416	

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
29350 Horsey Rd	Oak Hall	VA	23416	

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 Cambridge Farms, Inc.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24 Norfolk Avenue Suite C	South Easton	MA	02375	

4. COLLATERAL: This financing statement covers the following collateral:

Farm Products (as such term is defined in the Uniform Commercial Code) now owned or hereafter acquired by the Debtor, arising from Debtor's 2018 farming operation including, without limitation, the following:

(a) all goods of Debtor, including all 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 <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 checked="" 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: CAMFA-37443	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny F. Hall & Sons, LLC

OR 9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

29350 Horsey Rd

CITY

Oak Hall

STATE

VA

POSTAL CODE

23416

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

(c) all

claims to or demands for the voluntary or involuntary conversion of the crops into cash or liquidated claims, proceeds of all present and future fire, hazard or casualty insurance policies relating to the crops and the improvements, whether or not such policies are required by this Security Agreement, and all condemnation awards or payments now or later to be made by any public body or decree by any court of competent jurisdiction for any taking or in connection with any condemnation or eminent domain proceeding;

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

**29350 Horsey Road
Oak Hall, VA 23416**

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS**

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny F. Hall & Sons, LLC

OR

9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

(d) all substitutions, replacements, additions, and accessions to any of the above property, and all books, records and files relating to any of the above property, including, without limitation, all general intangibles related to any of the above property and proceeds of the above property;

(e) all profits, revenue, income and proceeds from the crops, whether now due, past due or to become due;

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny F. Hall & Sons, LLC

OR

9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

(f) all fertilizer

used with regard to the growing of Debtor's crops and all supplies used or produced in such farming operations on the Land; and

(g) all accounts receivable (the "Customer Receivables") arising from the sale of Debtor's produce.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny F. Hall & Sons, LLC

OR

9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

Farms designated by the United States Department of Agriculture as follows:

Farm: _____:1095 SR 13A, Elkton,
FL

Farm: _____:29350 Horsey Road, Oak Hall, VA 23416

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut☐ covers as-extracted collateral☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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 ☐

9a. ORGANIZATION'S NAME

Benny F. Hall & Sons, LLC

OR

9b. INDIVIDUAL'S SURNAME

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 one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

**The foregoing may
hereinafter be referred to collectively as the "Collateral".**

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut☐ covers as-extracted collateral☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS: