Case 24-90453 Claim 3-1 Filed 11/22/24 Desc Main Document Page 1 of 16 Claim #194 Date Filed: 11/22/2024

Your claim can be filed electronically on Verita's website at https://www.veritaglobal.net/Rhodium

United St	tates Bankruptcy Court for the Southern District of Texas, Ho	uston Division
Indicate Debtor against which you	u assert a claim by checking the appropriate box below. ( <u>Che</u>	eck only one Debtor per claim form.)
☐ Rhodium Encore LLC (Case No. 24-90448)	☐ Rhodium Technologies LLC (Case No. 24-90455)	☐ Rhodium Encore Sub LLC (Case No. 24-90461)
☐ Jordan HPC LLC (Case No. 24-90449)	☐ Rhodium Renewables LLC (Case No. 24-90456)	☐ Jordan HPC Sub LLC (Case No. 24-90462)
☐ Rhodium JV LLC (Case No. 24-90450)	☐ Air HPC LLC (Case No. 24-90457)	☐ Rhodium 2.0 Sub LLC (Case No. 24-90463)
☐ Rhodium 2.0 LLC (Case No. 24-90451)	☐ Rhodium Shared Services LLC (Case No. 24-90458)	☐ Rhodium 10MW Sub LLC (Case No. 24-90464)
☐ Rhodium 10MW LLC (Case No. 24-90452)	☐ Rhodium Ready Ventures LLC (Case No. 24-90459)	☐ Rhodium 30MW Sub LLC (Case No. 24-90465)
■ Rhodium 30MW LLC (Case No. 24-90453)	☐ Rhodium Industries LLC (Case No. 24-90460)	☐ Rhodium Renewables Sub LLC (Case No. 24-90466)
☐ Rhodium Enterprises, Inc. (Case No. 24-90454)		

# **Modified Official Form 410**

# **Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Pa	art 1: Identify the Clair	n						
1.	Who is the current creditor?	Cameron Blackmon  Name of the current creditor (the person or entity to be paid for this cla  Other names the creditor used with the debtor	e of the current creditor (the person or entity to be paid for this claim)					
2.	Has this claim been acquired from someone else?	No Yes. From whom?						
3. Where should notices and payments to the creditor be sent?		Where should notices to the creditor be sent?  Streusand Landon Ozburn & Lemmon, LLP	Where should payments to the creditor be sent? (if different)					
		Name 1801 S. Mopac Expressway, Suite 320	Name					
i	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street Austin TX 78746	Number Street					
	, , ,	City State ZIP Code	City State ZIP Code					
		Country  Contact phone 512-236-9900	Country  Contact phone					
		Contact email lemmon@slollp.com,	Contact email					
		Uniform claim identifier for electronic payments in chapter 13 (if you us	se one):					
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on					
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?						

Case 24-90453 Claim 3-1 Filed 11/22/24 Desc Main Document Page 2 of 16

6.	Do you have any number	<b>⊠</b> No				
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:				
7.	How much is the claim?	\$				
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.  Amounts owed as a result of promissory notes, security agreements, ucc, and assignments.				
9.	Is all or part of the claim secured?	No  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Motor vehicle  Other. Describe:  Attached UCC Financing Statement  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  Amount of the claim that is unsecured:  Amount of the claim that is unsecured:  Amount necessary to cure any default as of the date of the petition:  Fixed  Variable  Variable				
10.	. Is this claim based on a lease?	<ul> <li>No</li> <li>Yes. Amount necessary to cure any default as of the date of the petition.</li> </ul>				
11.	ls this claim subject to a right of setoff?	✓ No  ✓ Yes. Identify the property:				

12. Is all or part of the claim entitled to priority under	No No					A manual audided to puisuite.
11 U.S.C. § 507(a)?	Yes. Chec	k all that apply	:			Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,			ligations (includ )(A) or (a)(1)(E	ling alimony and chil 3).	d support) under	\$
in some categories, the law limits the amount				urchase, lease, or re usehold use. 11 U.S		\$
entitled to priority.	days	pefore the ban	commissions (ukruptcy petition 11 U.S.C. § 50	up to \$15,150*) earn is filed or the debto 7(a)(4).	ned within 180 or's business ends,	\$
	☐ Taxes	or penalties o	wed to governm	nental units. 11 U.S.0	C. § 507(a)(8).	\$
	☐ Contr	butions to an e	employee bene	fit plan. 11 U.S.C. §	507(a)(5).	\$
	☐ Other	Specify subse	ection of 11 U.S	S.C. § 507(a)() tha	at applies	\$
						n on or after the date of adjustment.
13. Is all or part of the claim	■ No	<u>, , , , , , , , , , , , , , , , , , , </u>	,	, , ,	3	,
entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indic	re the date of	commencemen	t of the above case		eived by the debtor within 20 have been sold to the Debtor in ng such claim.
Part 3: Sign Below						
The person completing	Check the appropriate box:					
this proof of claim must sign and date it.	☑ I am the creditor.					
FRBP 9011(b).	I am the creditor's attorney or authorized agent.					
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
5005(a)(2) authorizes courts	_			_		
to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
is. A person who files a						gement that when calculating ward the debt.
fraudulent claim could be fined up to \$500,000,	the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.  I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.					
imprisoned for up to 5	I declare under pe	enalty of perjury	that the forego	oing is true and corre	ect.	
years, or both. 18 U.S.C. §§ 152, 157, and	Executed on date	11 / 22 /	2024			
3571.	Executed on date	MM / DD	/ YYYY			
	Cameron Bi	'ackmon				
	Signature				<del></del> ,	
	Print the name o	f the person w	ho is complet	ing and signing thi	s claim:	
	Name	Cameron First name		Middle name	Blackr	non name
		i iist name		Middle Harrie	Last	name
	Title	Managing Men	nber			
	Company	Imperium Inves	stments			
		Identify the corp	orate servicer as t	the company if the autho	orized agent is a service	r.
	Address	2204	Mistletoe Boul	evard		
		Number	Street			
		Fort Worth		TX State	76110 ZIP Co	
	Combact 1	City 817 233 0612		State		de Country ameronblackmon@imperiumholdings.io
	Contact phone	817-233-9612			Email C	gs.lo

Case 24-90453 Claim 3-1 Filed 11/22/24 Desc Main Document Page 4 of 16

### **FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Rhodium Enterprises Inc. 19417631260
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Rhodium Enterprises Inc. 4146 W US Highway 79 Rockdale, TX 76567 USA
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

FILING NUMBER: 24-0048338830 FILING DATE: 08/23/2024 10:59 PM DOCUMENT NUMBER: 1396130740002 FILED: Texas Secretary of State

FILED: Texas Secretary of State
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

SE	E BELOW FOR SECURED PARTY CONTAC	CT INFORMATION	THE ABOV	E SPAC	E IS FOR FILING OFF	ICE USE ONLY
1. DEB	TOR'S NAME - Provide only <u>one</u> Debtor name (1a o	r 1b) (use exact, full name; do not omit,	modify, or abbre	viate any	part of the Debtor's name)	; if any part of the Individual
Debtor' UCC1A		check here and provide the Individu	al Debtor inform	ation in i	tem 10 of the Financing Sta	tement Addendum (Form
	1a. ORGANIZATION'S NAME  Dhadium 20MW LLC					
OR	Rhodium 30MW LLC  1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL	NAME(S)/INITIAL(S)	SUFFIX
1c ΜΔ	LING ADDRESS	CITY	STA	TF	POSTAL CODE	COUNTRY
	7 Bissonnet Street, Suite 234	Houston	T		77005	USA
!	TOR'S NAME - Provide only <u>one</u> Debtor name (2a o	:	modify, or abbre	viate any	part of the Debtor's name)	; if any part of the Individual
	s name will not fit in line 2b, leave all of item 2 blank	check here Cand provide the Individu	al Debtor inform	ation in i	tem 10 of the Financing Sta	tement Addendum (Form
UCC1A	d) 2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL	NAME(S)/INITIAL(S)	SUFFIX
2c. MA	LING ADDRESS	CITY	STA	TE	POSTAL CODE	COUNTRY
2 050	UDED DADTYO NAME ( NAME - CASOONEE - C	A COLONIOR CECLURED DARRYON Description				
3. SEC	JRED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY) - Provid	de only <u>one</u> Sec	ured Pan	y name (3a or 3b)	
	3a. ORGANIZATION'S NAME					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL	NAME(S)/INITIAL(S)	SUFFIX
	Blackmon	Chase	700	THONAL	TVAINE(O)/IIVITIAE(O)	COLLIX
3c. MA	LING ADDRESS	CITY	STA	TE	POSTAL CODE	COUNTRY
4412	2 Summercrest Ct.	Fort Worth	T	X	76109	USA
EXHIE Collate The C (A) "In acquire furnish materi and m be use goods other (B) "Ec acquire constitutiools, (a) acquire constitution (b) "Ec acquire constitution (c) acquire constitution (c) acquire constitution (c) acquire constitution (c) (c) acquire constitution (c) (c) acquire constitution (c) (c) acquire constitution (c)		phore's now owned or hereafter operty, wherever located, to be ale or lease, all raw scription which are or might in selling or furnishing such all documents of title or antor's now owned or hereafter ing Inventory), whether or not office equipment, are and trade fixtures, and				
thereto (C) "R	o; eceivables" which means and includes all of G	Grantor's now owned or	<b></b>			
6a. Che	only if applicable and check only one box: Collateral is labeled to box: Collateral is labeled to box: collateral is labeled to box: lic-Finance Transaction and Collateral Inc.		6b. C	Check <u>on</u>	tered by a Decedent's Persi <u>ly</u> if applicable and check <u>o</u> al Lien  Non-UCC Filing	
	RNATIVE DESIGNATION (if applicable): Less ONAL FILER REFERENCE DATA:	ee/Lessor Consignee/Consignor	Seller/Buyer	Bai	llee/Bailoricensee/Li	censor

17. MISCELLANEOUS:

Fort Worth   TX   76118   USA	age 3 Case 24-90453	Claim 3-1 Filed 11/22/2	4 Desc Main L	ocument Page	6 01 16
MAME OF FIRST DESTOR. Same as line 1s or 1s not infinishing Statement; if fine 1b was left mit because individual Debtor name did not fit, check here      Sec. ORGANIZATION'S NAME		1			
OR DOCKMUSTON'S WAVE    PRODITIONAL NAME (S)NNITAL(S)   SUFFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		or 1b on Financing Statement; if line 1b was	left		
Residence 30MW LLC Be. INDIVIDUAL'S SURFIAME    FIRST PERSONAL NAME		general Control of the Control of th			
REST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME og	9a. ORGANIZATION'S NAME				
FIRST PERSONAL NAME  ADDITIONAL SECURED PARTY'S NAME of CASIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ADDITIONAL SECURED PARTY'S NAME of CASIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  NICHOIS  R 11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  THE KIRK A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  THE KIRK A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  THE KIRK A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  THE KIRK A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  THE KIRK A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  THE KIRK A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  THE KIRK A. BLACKMON 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Brennan M. Nacol 2015 Irrevocable Trust  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME - Provide only one name (11a or 11b)  11c. ORGANIZATION'S NAME  PROOF CARBON AND AND AND AND AND AND AND AND AND AN	OR !				
ADDITIONAL NAME(S)INITIAL(S)    PADDITIONAL SECURED PARTY'S NAME of CASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)	9b. INDIVIDUAL'S SURNAME				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	E FINANCING STATEMENT ADDENDUM LOW INSTRUCTIONS  AME OF FIRST DEBTOR: Same as line 1a or 1 k because Individual Debtor name did not fit, ch  9a. ORGANIZATION'S NAME Rhodium 30MW LLC 9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  Nichols  MAILING ADDRESS  46 Pebble Drive  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  The Kirk A. Blackmon 201  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  17 Alton Rd.  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  Brennan M. Nacol 2015 Irr  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  04 Stratford Hills Lane  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  Proof Capital Alternative I  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  17 7th Street SW  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  Proof Capital Alternative I  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  17 7th Street SW  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  Proof Capital Alternative I  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  17 7th Street SW  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  UpgradeYa Investments LI  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  1 N Highway 17  ADDITIONAL SECURED PARTY'S NAME or  11a. ORGANIZATION'S NAME  MAILING ADDRESS  MAILING ADDRESS				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ADDITIONAL SECURED PARTY'S NAME of CASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  RITH INDIVIDUAL'S SURNAME  RITH INDIVIDUAL'S SURNAME  RITH INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FORT WORTH  TYX  76118  USA  WADDITIONAL SECURED PARTY'S NAME of CASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  THE KIRK A. Blackmon 2013 Family Trust  RITH INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  MALLING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  TYX  76109  USA  WADDITIONAL SECURED PARTY'S NAME of CASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Brennan M. Nacol 2015 Irrevocable Trust  11b. Individual'S SURNAME  FIRST PERSONAL NAME  AUSTIN  A	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
The individual's surname   First personal name   Additional name(s)initial(s)   Suffix   Nathan    Individual's surname   First personal name   Additional name(s)initial(s)   Suffix   Nathan    Individual's surname   First personal name   Fir			THE ABOVE SPA	ACE IS FOR FILING OFFICE U	SE ONLY
TITE. INDIVIDUALS SURNAME   FIRST PERSONAL NAME   ADDITIONAL NAME (S)INITIAL(S)   SUFFIX	11a. ORGANIZATION'S NAME	E <u>or</u> Cassignor secured party's na	ME - Provide only <u>one</u> name	e (11a or 11b)	13000011113000011113000011113300011
Fort Worth   TX   76118   USA	11b. INDIVIDUAL'S SURNAME	1	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SECURED PARTY'S NAME of Cassignor secured Party's NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  The Kirk A. Blackmon 2013 Family Trust  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  VADDITIONAL SECURED PARTY'S NAME of Cassignor Secured Party's NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Brennam M. Nacol 2015 Irrevocable Trust  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  AUSTIN  AUSTIN  AUSTIN  AUSTIN  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  TX  78746  USA  FADDITIONAL SECURED PARTY'S NAME of Cassignor Secured Party's NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Proof Capital Alternative Income Fund  Tib. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  Proof Capital Alternative Income Fund  AUSTIN  ABODITIONAL SECURED PARTY'S NAME of Cassignor Secured Party's NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Proof Capital Alternative Income Fund  ABODITIONAL SECURED PARTY'S NAME of Calgary  C. MAILING ADDRESS  OITY  STATE POSTAL CODE  COUNTY  STATE POSTAL CODE  COUNTY  11a. ORGANIZATION'S NAME  Uggrade Ya Investments LLC  TIb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  PROFIT OF STATE  ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  OF ADDITIONAL SECURED PARTY'S NAME of CAN  CAN  ABODITIONAL SECURED PARTY'S NAME of CAN  TAS TATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  STATE  POSTAL CODE  COUNTY  11a. ORGANIZATION'S NAME  Uggrade Ya Investments LLC  TIB. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROID STATE  POSTAL CODE  COUNTY  TAS		3			COUNTRY
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The Kirk A. Blackmon 2013 Family Trust  This individual's surname  First personal name  Additional name(syinitial(s)  SUFFIX  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  TX  76109  USA  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  This ORGANIZATION'S NAME  Brennan M. Nacol 2015 Irrevocable Trust  This Individual's surname  First personal name  Austin		E $_{ m or}$ $\square$ ASSIGNOR SECURED PARTY'S NA	ME - Provide only <u>one</u> name	e (11a or 11b)	
This individual's surname first personal name additional name(s)/initial(s) suffix  6. Malling address  6. OTTY  6. Malling Address  6. Malling Address  6. OTTY		013 Family Trust			
### ADDITIONAL SECURED PARTY'S NAME or AUSTIONAL NAME OF AUSTIONAL SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME    Brennam M. Nacol 2015 Irrevocable Trust	```		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
I. ▼ ADDITIONAL SECURED PARTY'S NAME or	c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
Brenan M. Nacol 2015 Irrevocable Trust  110. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  AUSTIN  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  TX  78746  USA  WADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Proof Capital Alternative Income Fund  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ABDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CAN  ABD  CAN  TAN  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  UpgradeYa Investments LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  WADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  UpgradeYa Investments  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROIP  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROIP  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROIP  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  CO	3017 Alton Rd.	Fort Worth	TX	76109	USA
Austin TX 78746 USA    ✓ ADDITIONAL SECURED PARTY'S NAME or	SB :		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
1. ✓ ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  Proof Capital Alternative Income Fund  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  AB  CAN  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  CAN  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  AB  CAN  CAN  11a. ORGANIZATION'S NAME  UpgradeYa Investments LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11a. ORGANIZATION'S NAME  PROOF ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTY  COUNTY  STATE  POSTAL CODE  COUNTY  COUNTY  SUFFIX  CITY  STATE  POSTAL CODE  COUNTY  COUN	1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
The Organization's name  Proof Capital Alternative Income Fund  11b. Individual's surname  First personal name  Calgary  Calgary  Can  AB  Can  AB  Can  The Street SW  Calgary  Calgary  AB  Can  The Street SW  Calgary  Can  The Organization's name  Can  The Street SW  Calgary  Can  The Organization's name  The Organization's nam	3404 Stratford Hills Lane	Austin	TX	78746	USA
THE INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  CAIgary  AB  CAN  CAN  CAN  CAN  CAN  CAN  CAN	11a. ORGANIZATION'S NAME Proof Capital Alternative	e Income Fund			
CAN  CAN  CAN  CAN  CAN  CAN  CAN  CAN	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  UpgradeYa Investments LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  12. MAILING ADDRESS  CITY  Mount Pleasant  SC  29466  USA  1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  STATE  POSTAL CODE  COUNTRED  C	c. MAILING ADDRESS	1		POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME  UpgradeYa Investments LLC  11b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  CITY  Mount Pleasant  CITY  STATE  POSTAL CODE  COUNTR  SC  29466  USA  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTR  CO	6017 7th Street SW	Calgary	AB		CAN
11a. ORGANIZATION'S NAME  UpgradeYa Investments LLC  11b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  CITY  Mount Pleasant  CITY  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTE  COUNT	. ADDITIONAL SECURED PARTY'S NAME	E or ASSIGNOR SECURED PARTY'S NA	ME - Provide only <u>one</u> name	e (11a or 11b)	
The Individual's surname first personal name additional name(s)/initial(s) suffix to the Individual's surname first personal name additional name(s)/initial(s) suffix to the Individual's surname first personal name additional name(s)/initial(s) suffix to the Individual secured party's name or assignor secured party's name - Provide only one name (11a or 11b)  The Individual's surname first personal name additional name(s)/initial(s) suffix to the Individual's surname first personal name additional name(s)/initial(s) suffix to the Individual's surname additional name(s)/initial(s) suffix to the Individual's surname additional name(s)/initial(s) suffix to the Individual's surname additional name additional name(s)/initial(s) suffix to the Individual's surname additional name additional nam	11a. ORGANIZATION'S NAME				
C. MAILING ADDRESS C. MAILING ADDRESCALL ADDRESCAL		LLC			
381 N Highway 17	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
ASSIGNOR SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  IC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR	Ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ASSIGNOR SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  IC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR	2381 N Highway 17	<b>Mount Pleasant</b>	31	29466	USA
11a. ORGANIZATION'S NAME  DROip3 LLC  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  IC. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR					
11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  IC. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR	11a. ORGANIZATION'S NAME		I Tovido only <u>one</u> fiame	(4 5, 115)	
	OP	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	nc. MAILING ADDRESS 702 East Cooper #1221	CITY Folly Beach	STATE SC	POSTAL CODE 29439-1221	COUNTRY

11. 🔽	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR	R SECURED PARTY'S NAME - Provide on	ly <u>one</u> name (11a or	11b)	
	11a. ORGANIZATION'S NAME				
	KeekBC LLC				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
11c. M	IAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO	Box 1221	Folly Beach	SC	29439	USA
11. 🔽	ADDITIONAL SECURED PARTY'S NAME or CASSIGNOR	R SECURED PARTY'S NAME - Provide on	ly one name (11a or	11b)	
	11a. ORGANIZATION'S NAME				
00	<b>Resolutions Real Estate Services LI</b>	$L\mathbf{C}$			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
11c. M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
576	4 N Orange Blossom Trl #90695	Orlando	FL	32810	USA
	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR	R SECURED PARTY'S NAME - Provide on	lv one name (11a or	11b)	
	11a. ORGANIZATION'S NAME		**************************************		***********************
00	Jacquelyn B. Nacol 2015 Irrevocab	le Trust			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
11c. M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
376	2 Beneva Oaks Blvd	Sarasota	FL	34238	USA
11. V	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR	R SECURED PARTY'S NAME - Provide on	lv one name (11a or	11b)	3
	11a. ORGANIZATION'S NAME	AALIEEAAAALEEAAAALEEEAAAALEEEAAAALEEEAAAALEEEAAAALEEEAAAALEEEAAAA	·	······································	************************
00	The Trudo T M. Letschert, II Revo	cable Trust			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
11c. M	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
376	2 Beneva Oaks Blvd	Sarasota	FL	34238	USA
11. 🔽	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR	R SECURED PARTY'S NAME - Provide on	ly one name (11a or	11b)	
	11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
	Kemble	Clark			
	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
171	6 Western Ave	Fort Worth	TX	76107	USA
11. 🔽	ADDITIONAL SECURED PARTY'S NAME $\underline{or}$ Cassignor	R SECURED PARTY'S NAME - Provide on	ly <u>one</u> name (11a or	11b)	
	11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	SUFFIX	
	Kemble	Laurie	- Paris de la companion de la		
	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
171	6 Western Ave	Fort Worth	TX	76107	USA

	FINANCING STATEMENT ADDENDUM OW INSTRUCTIONS				
	ME OF FIRST DEBTOR: Same as line 1a or 1b				пости жило п
blank	because Individual Debtor name did not fit, che	ck here	***********		
OR	9a. ORGANIZATION'S NAME Rhodium 30MW LLC 9b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE US	E ONLY
11 🔽	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S NAME - F	Provide only one name (11	a or 11b)	
	11a. ORGANIZATION'S NAME Solo Sessions, LLC Profit Sl		<u> </u>		
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
	IAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>34</b> 0	4 Stratford Hills Lane	Austin	TX	78746	USA
11. 🔽	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S NAME - F	Provide only one name (11	a or 11b)	
0.0	11a. ORGANIZATION'S NAME		***************************************	***************************************	
OR	11b. INDIVIDUAL'S SURNAME  Thurman	FIRST PERSONAL NAME  Scott	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
11c. N	IAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
440	4 Summercrest Court	Fort Worth	TX	76109	USA
	ADDITIONAL SECURED PARTY'S NAME or I 11a. ORGANIZATION'S NAME Printing Capital I LP 11b. INDIVIDUAL'S SURNAME	ASSIGNOR SECURED PARTY'S NAME - F		a or 11b) AL NAME(S)/INITIAL(S)	SUFFIX
11c. N	AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
626	King St W Unit 302	Toronto	ON		CAN
11. 🔽	ADDITIONAL SECURED PARTY'S NAME <u>or [</u> 11a. ORGANIZATION'S NAME <b>Equity Trust Company Cus</b>			a or 11b)	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	ailing address W Fairbranch Cir	CITY The Woodlands	STATE TX	POSTAL CODE 77382	COUNTRY USA

P"5"			
	FINANCING STATEMENT ADDENDUM OW INSTRUCTIONS		
blank l	ME OF FIRST DEBTOR: Same as line 1a or 1b on Fina because Individual Debtor name did not fit, check here		
OR	9a. ORGANIZATION'S NAME Rhodium 30MW LLC		
	FIRST PERSONAL NAME		
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE LISE ONLY

### 4. This FINANCING STATEMENT covers the following collateral:

with respect to each Receivable, including, without limitation, all rights of stoppage in transit, replevin and reclamation and all rights as an unpaid vendor;

- (D) All books, records, ledger cards, files, correspondence, computer programs, tapes, disks and related data processing software (owned by Grantor or in which it has an interest) which at any time evidence or contain information relating to (A), (B), and (C) above or are otherwise necessary or helpful in the collection thereof or realization thereupon;
- (E) All of Grantor's right, title and interest in and to all goods and other tangible personal property, whether or not delivered;
- (F) Documents of title, policies and certificates of insurance, securities, chattel paper, instruments and other documents or instruments evidencing or pertaining to (A), (B), (C), (D), and (E) above;
- (G) (i) All cash held as cash collateral to the extent not otherwise constituting collateral, all other cash or property at any time on deposit with or held by Creditor for the account of Grantor (whether for safekeeping, custody, pledge, transmission or otherwise), (ii) all present or future deposit accounts (whether time or demand or interest or non-interest bearing) of Grantor with Creditor or any other person including those to which any such cash may at any time and from

time to time be credited, (iii) all investments and reinvestment (however evidenced) of amounts from time to time credited to such accounts, and (iv) all interest, dividends, distributions and other proceeds payable on or with respect to (x) such investments and reinvestment and (y) such accounts; and (H) All products and proceeds of (A), (B), (C), (D), (E), (F), and (G) above (including, but not limited to, all claims to items referred to in (A), (B), (C), (D), (E), (F) and (G) above) and all claims of Grantor against third parties for (i) loss of, damage to, or destruction of, (ii) payments due or to become due under leases, rentals and hires of any or all of (A), (B), (C), (D), (E), (F) and (G) above and (iii) proceeds payable under, or unearned premiums with respect to policies of insurance in whatever form.

#### **FILING OFFICE COPY**

nage 6

UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS	IT				
A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
Heather Cavanaugh (708) 639-4320  B. E-MAIL CONTACT AT FILER (optional)					
corporate@fornarolaw.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Fornaro Law	$\neg$				
1022 S. LaGrange Rd. LaGrange, IL 60525					
1	Ï				
			The Date of	R FILING OFFICE USE O	100 100 100 100 100 100 100 100 100 100
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2021 1715128		(or recorded) in the REAL	ESTATE F	NDMENT is to be filed [for re RECORDS m UCC3Ad) <u>and</u> provide Debtor	6.6 55
TERMINATION: Effectiveness of the Financing Statement identified about Statement	ove is terminated w	ith respect to the security interes	t(s) of Sec	ured Party authorizing this 1	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a		THE RESIDENCE OF THE PARTY OF T	ired Party	authorizing this Continuation	Statement is
continued for the additional period provided by applicable law  5. PARTY INFORMATION CHANGE:			You want		
Check one of these two boxes:  AND Check one of these two boxes:	ne of these three bo NGE name and/or a 6a or 6b; and item 7	ddress: CompleteADD nam	e: Comple and item 70	te item DELETE name: 0	Give record name
CURRENT RECORD INFORMATION: Complete for Party Information Challes.      ORGANIZATION'S NAME			and item /		SIT OF OF
22					
6b. INDIVIDUAL'S SURNAME Pathak	Rachana		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full name	me; do not on	nit, modify, or abbreviate any part of	the Debtor's name)
O.D.					
75. INDIVIDUAL'S SURNAME  Blackmon					
INDIVIDUAL'S FIRST PERSONAL NAME  Cameron					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2204 Mistletoe Blvd.	Fort Wo		TX	76110	USA
COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral:	DD collateral	DELETE collateral R	ESTATE c	overed collateral A	SSIGN collateral
A CONTROL OF THE PROPERTY OF T	AMENDMENT: Fe name of authorizing		name of As	signor, if this is an Assignmen	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide 9a, ORGANIZATION'S NAME			name of As	signor, if this is an Assignmen	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide		ng Debtor NAL NAME		signor, if this is an Assignment of this is an Assignment of the sign of the s	SUFFIX

# UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY FOLLOWINSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as 2021 1715128	item 1a on Amendment form			
20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sam	ne as item 9 on Amendment form			
20a. ORGANIZATION'S NAME				
OR 20b, INDIVIDUAL'S SURNAME				
Pathak				
FIRST PERSONAL NAME				
Rachana	1			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
ADDITIONAL NAME (O)MITTAL(O)	SULLY	THE ABOVE SPACE I	S FOR FILING OFFICE	LISE ONLY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor na	ma /21a as 21b) /usa ayaat full nama da as			
21a. ORGANIZATION'S NAME	ime (21a or 21b) (use exact, full flame, do fic	or omit, mounty, or appreviate an	y part of the Deptor's Harne	!
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor na	ime (22a or 22b) (use exact, full name; do no	ot omit, modify, or abbreviate ar	y part of the Debtor's name	)
22a. ORGANIZATION'S NAME	1110 (EED 31 EED) (1110 01110), 1111 11110, 1110 111	s anni, moonj, or appronate a	y pair or the Boston o Hamo	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor na	ame (23a or 23b) (use exact, full name; do no	ot omit, modify, or abbreviate a	ny part of the Debtor's name	)
23a. ORGANIZATION'S NAME	Warried and the control of the contr			2/
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. ADDITIONAL SECURED PARTY'S NAME or 24a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	S NAME: Provide only <u>one</u> na	ame (24a or 24b)	y availur (Are
OR 24b. INDIVIDUAL'S SURNAME  Blackmon	FIRST PERSONAL NAME  Chase	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
24c. MAILING ADDRESS 4412 Summercrest Ct.	Fort Worth	STATE TX	76109	COUNTRY
25. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S			200,000,000
25a. ORGANIZATION'S NAME	THE PROPERTY OF THE PROPERTY O	o in the interest only one in	erio (con or con)	
OR 25b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Nichols	Nathan			
25c. MAILING ADDRESS 3000 Gracie Kiltz Lane, Apt 307	Austin	TX	78758	COUNTRY
26. MISCELLANEOUS:		AND SOLUTION OF THE SOLUTION O		

International Association of Commercial Administrators (IACA)
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY (Form UCC3AP) (Rev. 08/22/11)

	FINANCING STATEMENT AME WINSTRUCTIONS	NDMEN	Г				
	ME & PHONE OF CONTACT AT FILER (optional) ather Cavanaugh (708) 639-4320						
	AIL CONTACT AT FILER (optional)						
	porate@fornarolaw.com						
C. SEN	ID ACKNOWLEDGMENT TO: (Name and Address	)	VI				
	Fornaro Law						
	022 S. LaGrange Rd.						
	LaGrange, IL 60525						
1							
						R FILING OFFICE US	
	AL FINANCING STATEMENT FILE NUMBER  1715128		ĺ	(or recorded) in the F	REAL ESTATE F		
1		at idealified about	n in terminated w		West Day Castle	m UCC3Ad) and provide De	AU II TO THE STREET
	ERMINATION: Effectiveness of the Financing Stateme tatement	nt identified above	e is terminated w	ith respect to the security in	nterest(s) or Sec	cured Party authorizing tr	is remination
	SSIGNMENT (full or partial): Provide name of Assigne or partial assignment, complete items 7 and 9 and also in				ame of Assignor	in item 9	
	CONTINUATION: Effectiveness of the Financing States		ove with respect	to the security interest(s) o	f Secured Party	authorizing this Continua	ition Statement is
	ARTY INFORMATION CHANGE:	law	on the second series		1850 SS 1850 S. 10	STALL SECURITION OF THE SECURI	
-	cone of these two boxes:		of these three bo				
	Change affects Debtor or Secured Party of record	✓ CHANG	GE name and/or a a or 6b; <u>and</u> item 7	ddress: Complete a or 7b <u>and</u> item 7c 7a	D name: Comple or 7b, <u>and</u> item 7	te item DELETE nam to be deleted	e: Give record name in item 6a or 6b
	RENT RECORD INFORMATION: Complete for Party	Information Chang	ge - provide only g	one name (6a or 6b)		- VIMI NAMIO III	STORY OF THE PARTY
6a.	ORGANIZATION'S NAME						
OR 6b.	INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
274	tris		Peter	SOLVET AND COLO STATISTY	101202-000		3 8300000
	NGED OR ADDED INFORMATION: Complete for Assign ORGANIZATION'S NAME	ment or Party Informati	on Change - provide of	inly <u>one</u> name (7a or 7b) (use exact	, full name; do not or	nit, modify, or abbreviate any pa	t of the Debtor's name)
_							
70.	INDIVIDUAL'S SURNAME						
B	lackmon						
В	lackmon Individual's first personal name						
B	lackmon Individual's first personal name ameron						SUFFIX
B C	lackmon Individual's first personal name						SUFFIX
B C	lackmon Individual's first personal name ameron		CITY Fort Wo		STATE	POSTAL CODE	SUFFIX

### UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY **FOLLOW INSTRUCTIONS**

19. <b>2</b>	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A $021\ 1715128$	mendment form				
20.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 c					
	20a. ORGANIZATION'S NAME					
OR						
OIX	200, INDIVIDUAL'S SURNAME					
	Stris FIRST PERSONAL NAME		91			
	Peter					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		15-00.000	THE ABOVE SE	PACE	S FOR FILING OFFICE L	ISE ONLY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	No. of the last of		AND DESCRIPTION OF THE PERSON	OL ONL!
	21a. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		,,,	
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
210	. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY
22.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 2	2b) (use exact_full_name: do r	not omit modify or abbre	eviate an	v part of the Debtor's name)	
	22a. ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,,,,,,,,,,,,	, parter no Boster o name,	
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
220	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 2	.] 23b) (use exact, full name; do i	not omit, modify, or abbre	eviate ar	y part of the Debtor's name)	
	23a. ORGANIZATION'S NAME					
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
230	MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY
24.		OR SECURED PARTY	'S NAME: Provide onl	y <u>one</u> na	ame (24a or 24b)	
	24a. ORGANIZATION'S NAME					
OR	24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Blackmon	Chase				
	. MAILING ADDRESS 412 Summercrest Ct.	Fort Worth	12	TX	76109	COUNTRY
25.		OR SECURED PARTY	"S NAME: Provide onl	ly <u>one</u> na	ame (25a or 25b)	
	25a. ORGANIZATION'S NAME					
OR	25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	Į.	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Nichols	Nathan		The state of the s		
	. MAILING ADDRESS 000 Gracie Kiltz Lane, Apt 307	Austin		TX	POSTAL CODE	COUNTRY
	The contract and the contract of the contract					2211

26. MISCELLANEOUS:

	INANCING STATEMENT AMENDME NSTRUCTIONS	NT 		
Heath	& PHONE OF CONTACT AT FILER (optional) ner Cavanaugh (708) 639-4320			
III.	CONTACT AT FILER (optional) orate@fornarolaw.com			
	ACKNOWLEDGMENT TO: (Name and Address)			
102	rnaro Law 22 S. LaGrange Rd. Grange, IL 60525			
1a INITIAL	FINANCING STATEMENT FILE NUMBER		PACE IS FOR FILING OFFICE INTERPRETATION OF THE INTERPRETATION OF	
	715128	(or recorded) in the R	EAL ESTATE RECORDS  I Addendum (Form UCC3Ad) and provide	
	MINATION: Effectiveness of the Financing Statement identified a ement			the second section is a second section.
	IGNMENT (full or partial): Provide name of Assignee in item 7a or partial assignment, complete items 7 and 9 and also indicate affected.		ne of Assignor in item 9	and the same of th
	ITINUATION: Effectiveness of the Financing Statement identified nued for the additional period provided by applicable law	d above with respect to the security interest(s) of	Secured Party authorizing this Cont	nuation Statement is
5. PAR	TY INFORMATION CHANGE:		Warrant War and Basilian and Salita Williams	THE PERSON NAMED IN
	e of these two boxes.	one of these three boxes to:  HANGE name and/or address: CompleteADD		ame: Give record name
THE RESERVE OF THE PERSON	nge affects Debtor or Secured Party of record Site  NT RECORD INFORMATION: Complete for Party Information C		r 7b, and item 7cto be delet	ed in item 6a or 6b
6a. OR	GANIZATION'S NAME			
OR 6b. IND	DIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
	Connell	Victor		
	SED OR ADDED INFORMATION: Complete for Assignment or Party Info GANIZATION'S NAME	rmation Change - provide only <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, modify, or abbreviate an	y part of the Debtor's name)
OR 75 INC	DIVIDUAL'S SURNAME			
	ckmon			
IND	55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	DIVIDUAL'S FIRST PERSONAL NAME			
	meron			Leurenv
				SUFFIX
7c. MAILING	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS	CITY Fort Worth	STATE POSTAL CODE TX 76110	COUNTRY
7c. MAILING 2204 N	meron pividual's additional name(s)/initial(s) g address Mistletoe Blvd.	Fort Worth	TX 76110	COUNTRY
7c. MAILING 2204 N 8. COL	meron pividual's additional name(s)/initial(s)  G address Mistletoe Blvd.			COUNTRY
7c. MAILING 2204 N 8. COL	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS Mistletoe Blvd.  LATERAL CHANGE: Also check one of these four boxes:	Fort Worth	TX 76110	COUNTRY
7c. MAILING 2204 N 8. COL	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS Mistletoe Blvd.  LATERAL CHANGE: Also check one of these four boxes:	Fort Worth	TX 76110	COUNTRY
7c. MAILING 2204 N 8. COL	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS Mistletoe Blvd.  LATERAL CHANGE: Also check one of these four boxes:	Fort Worth	TX 76110	COUNTRY
7c. MAILING 2204 N 8. COL	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS Mistletoe Blvd.  LATERAL CHANGE: Also check one of these four boxes:	Fort Worth	TX 76110	COUNTRY
7c. MAILING 2204 N 8. COL	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS Mistletoe Blvd.  LATERAL CHANGE: Also check one of these four boxes:	Fort Worth  ADD collateral DELETE collateral [	TX 76110  RESTATE covered collateral	COUNTRY USA  ASSIGN collateral
7c. MAILING 2204 N 8. COL Indic	TOP SECURED PARTY OF RECORD AUTHORIZING THIS an Amendment authorized by a DEBTOR, check here and prove	Fort Worth  ADD collateral DELETE collateral [	TX 76110  RESTATE covered collateral	COUNTRY USA  ASSIGN collateral
7c. MAILING 2204 N  8. COL Indica  9. NAME C If this is a 9a. OR	METON DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  G ADDRESS Mistletoe Blvd.  LATERAL CHANGE: Also check one of these four boxes:  ate collateral:  DE SECURED PARTY OF RECORD AUTHORIZING THIS	Fort Worth  ADD collateral DELETE collateral   S AMENDMENT: Provide only one name (9a or 9)	TX 76110  RESTATE covered collateral	COUNTRY USA  ASSIGN collateral
7c. MAILING 2204 N  8. COL Indic.  9. NAME C If this is a 9a, OR OR 9b. IND	TOP SECURED PARTY OF RECORD AUTHORIZING THIS an Amendment authorized by a DEBTOR, check here and prove	Fort Worth  ADD collateral DELETE collateral   S AMENDMENT: Provide only one name (9a or 9)	TX 76110  RESTATE covered collateral	COUNTRY USA  ASSIGN collateral

### UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

**FOLLOW INSTRUCTIONS** 

19. <b>2</b> (	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on 021 1715128	Amendment for	rm				
0.	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form						
	20a. ORGANIZATION'S NAME						
R	20b. INDIVIDUAL'S SURNAME						
	O'Connell						
	FIRST PERSONAL NAME  Victor						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE S	PACE I	S FOR FILING OFFICE U	ISE ONLY
1	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exac	t full name do r	not omit modify or abbr	eviate an	v part of the Debtor's name)	Service Seconds
	21a. ORGANIZATION'S NAME	210) (400 0.44	A, tall Halle, do )	or entit, meany, or abb.	oriale an	, part of the Boston of Harris,	
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	[	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
21c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
22.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or	22b) (use exac	t, full name: do r	not omit, modify, or abbr	reviate an	y part of the Debtor's name)	Mary and the
	22a. ORGANIZATION'S NAME			1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5.			
SR	22b. INDIVIDUAL'S SURNAME		SONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
22c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
23	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or	23h) (use eva	rt full name do r	not omit, modify, or abby	reviate ar	y part of the Debtor's name)	- In-way and the
20.	23a. ORGANIZATION'S NAME	23D) (use exa	st, full frame, do i	lot offit, mounty, or abbi	reviate ar	y part of the Debtor's hame,	\
OR	23b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
24.		NOR SECU	RED PARTY	"S NAME: Provide on	ily <u>one</u> na	ame (24a or 24b)	N 19 19 19 19 19 19 19 19 19 19 19 19 19
00	24a. ORGANIZATION'S NAME						
OR	24b. INDIVIDUAL'S SURNAME  Blackmon		SONAL NAME	ADDITION		NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 412 Summercrest Ct.		Fort Worth		TX	76109	COUNTRY
25.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN 25a. ORGANIZATION'S NAME	NOR SECU	RED PARTY	"S NAME: Provide or	nly <u>one</u> na	ame (25a or 25b)	
OR	25b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	Т	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
0.5	Nichols	Natha					
	MAILING ADDRESS  OOO Gracie Kiltz Lane, Apt 307	Austin	1		TX	78758	USA

Case 24-90453 Claim 3-1 Filed 11/22/24 Desc Main Document Page 16 of 16



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