

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

United States Bankruptcy Court for the Southern District of Texas, Houston Division

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rhodium Encore LLC (Case No. 24-90448)          | <input type="checkbox"/> Rhodium Technologies LLC (Case No. 24-90455)    | <input type="checkbox"/> Rhodium Encore Sub LLC (Case No. 24-90461)     |
| <input type="checkbox"/> Jordan HPC LLC (Case No. 24-90449)              | <input type="checkbox"/> Rhodium Renewables LLC (Case No. 24-90456)      | <input type="checkbox"/> Jordan HPC Sub LLC (Case No. 24-90462)         |
| <input type="checkbox"/> Rhodium JV LLC (Case No. 24-90450)              | <input type="checkbox"/> Air HPC LLC (Case No. 24-90457)                 | <input type="checkbox"/> Rhodium 2.0 Sub LLC (Case No. 24-90463)        |
| <input type="checkbox"/> Rhodium 2.0 LLC (Case No. 24-90451)             | <input type="checkbox"/> Rhodium Shared Services LLC (Case No. 24-90458) | <input type="checkbox"/> Rhodium 10MW Sub LLC (Case No. 24-90464)       |
| <input type="checkbox"/> Rhodium 10MW LLC (Case No. 24-90452)            | <input type="checkbox"/> Rhodium Ready Ventures LLC (Case No. 24-90459)  | <input type="checkbox"/> Rhodium 30MW Sub LLC (Case No. 24-90465)       |
| <input checked="" type="checkbox"/> Rhodium 30MW LLC (Case No. 24-90453) | <input type="checkbox"/> Rhodium Industries LLC (Case No. 24-90460)      | <input type="checkbox"/> Rhodium Renewables Sub LLC (Case No. 24-90466) |
| <input type="checkbox"/> 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.

#### Part 1: Identify the Claim

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



24904532411250000000000003

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____
7. How much is the claim?	\$ <u>128,333.34</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.  <u>Amounts owed as a result of promissory notes, security agreements, ucc, and assignments.</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>Inventory, Equipment, General Intangibles, Receivables, All Books, records, ledgers cards, files, all of Grantor's right, title and interest in and to all goods and other property, Documents of Title, all cash held as cash collateral, and all products and proceeds.</u>  <b>Basis for perfection:</b> <u>Attached UCC Financing Statement</u> 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) <u>5.5</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

## 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No☐ Yes. Check all that apply:

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

## 13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

## Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☒ I am the creditor.☐ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating 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 *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11 / 22 / 2024  
MM / DD / YYYY

Cameron Blackmon

Signature

Print the name of the person who is completing and signing this claim:

Name	Cameron	Blackmon
	First name	Middle name Last name
Title	Managing Member	
Company	Imperium Investments	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	2204	Mistletoe Boulevard
	Number	Street
	Fort Worth	TX 76110
	City	State ZIP Code Country
Contact phone	817-233-9612	Email <u>cameronblackmon@imperiumholdings.io</u>

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

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

FILING NUMBER: 24-0048338830

FILING DATE: 08/23/2024 10:59 PM

DOCUMENT NUMBER: 1396130740002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING

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)

OR	1a. ORGANIZATION'S NAME <b>Rhodium 30MW LLC</b>			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>2617 Bissonnet Street, Suite 234</b>		CITY <b>Houston</b>	STATE <b>TX</b>	POSTAL CODE <b>77005</b>
				COUNTRY <b>USA</b>

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME			
	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)

OR	3a. ORGANIZATION'S NAME			
	3b. INDIVIDUAL'S SURNAME <b>Blackmon</b>	FIRST PERSONAL NAME <b>Chase</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>4412 Summercrest Ct.</b>		CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76109</b>
				COUNTRY <b>USA</b>

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

## EXHIBIT

## Collateral

The Collateral shall consist of:

(A) "Inventory" which means and includes all of Grantor's now owned or hereafter

acquired goods, merchandise and other personal property, wherever located, to be furnished under any contract of service or held for sale or lease, all raw materials, work in process, finished goods and materials and supplies of any kind, nature or description which are or might be used or consumed in Grantor's business or used in selling or furnishing such goods, merchandise and other personal property, and all documents of title or other documents representing them;

(B) "Equipment" which means and includes all of Grantor's now owned or hereafter

acquired equipment, machinery, and goods (excluding Inventory), whether or not constituting fixtures, including, without limitation: all office equipment, tools, dies, parts, data processing equipment, furniture and trade fixtures, and vehicles, and all replacements and substitutions therefore and all accessions thereto;

(C) "Receivables" which means and includes all of Grantor's now owned or

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 ☐ Agricultural Lien ☐ Non-UCC Filing

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

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

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 ☐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 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 10cOR  
10a. ORGANIZATION'S NAME

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**Blackmon**

FIRST PERSONAL NAME

**Cameron**

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**2204 Mistletoe Blvd**

CITY

**Fort Worth**

STATE

**TX**

POSTAL CODE

**76110**

COUNTRY

**USA**

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

hereafter

acquired accounts and contract rights, instruments, insurance proceeds, documents, chattel paper, letters of credit and Grantor's rights to receive payment thereunder, any and all rights to the payment or receipt of money or other forms of consideration of any kind at any time now or hereafter owing or to be owing to Grantor, all proceeds thereof and all files in which Grantor has any interest whatsoever containing information identifying or pertaining to any of Grantor's

Receivables, together with all of Grantor's rights to any merchandise which is represented thereby, and all Grantor's right, title, security and guaranties

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

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

14. This FINANCING STATEMENT

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

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 ☐

OR	9a. ORGANIZATION'S NAME <b>Rhodium 30MW LLC</b>
	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**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 <b>Nichols</b>	FIRST PERSONAL NAME <b>Nathan</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS <b>7546 Pebble Drive</b>		CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76118</b>
				COUNTRY <b>USA</b>

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

11a. ORGANIZATION'S NAME <b>The Kirk A. Blackmon 2013 Family Trust</b>				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS <b>3017 Alton Rd.</b>		CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76109</b>
				COUNTRY <b>USA</b>

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

11a. ORGANIZATION'S NAME <b>Brennan M. Nacol 2015 Irrevocable Trust</b>				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS <b>3404 Stratford Hills Lane</b>		CITY <b>Austin</b>	STATE <b>TX</b>	POSTAL CODE <b>78746</b>
				COUNTRY <b>USA</b>

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

11a. ORGANIZATION'S NAME <b>Proof Capital Alternative Income Fund</b>				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS <b>3017 7th Street SW</b>		CITY <b>Calgary</b>	STATE <b>AB</b>	POSTAL CODE <b></b>
				COUNTRY <b>CAN</b>

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

11a. ORGANIZATION'S NAME <b>UpgradeYa Investments LLC</b>				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS <b>2381 N Highway 17</b>		CITY <b>Mount Pleasant</b>	STATE <b>SC</b>	POSTAL CODE <b>29466</b>
				COUNTRY <b>USA</b>

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

11a. ORGANIZATION'S NAME <b>DROip3 LLC</b>				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS <b>702 East Cooper #1221</b>		CITY <b>Folly Beach</b>	STATE <b>SC</b>	POSTAL CODE <b>29439-1221</b>
				COUNTRY <b>USA</b>

**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 ☐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 USE ONLY**11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)OR  
11a. ORGANIZATION'S NAME  
**KeekBC LLC**

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**PO Box 1221**

CITY

**Folly Beach**

STATE

**SC**

POSTAL CODE

**29439**

COUNTRY

**USA**11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)OR  
11a. ORGANIZATION'S NAME**Resolutions Real Estate Services LLC**

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**5764 N Orange Blossom Trl #90695**

CITY

**Orlando**

STATE

**FL**

POSTAL CODE

**32810**

COUNTRY

**USA**11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)OR  
11a. ORGANIZATION'S NAME**Jacquelyn B. Nacol 2015 Irrevocable Trust**

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**3762 Beneva Oaks Blvd**

CITY

**Sarasota**

STATE

**FL**

POSTAL CODE

**34238**

COUNTRY

**USA**11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)OR  
11a. ORGANIZATION'S NAME**The Trudo T M. Letschert, II Revocable Trust**

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**3762 Beneva Oaks Blvd**

CITY

**Sarasota**

STATE

**FL**

POSTAL CODE

**34238**

COUNTRY

**USA**11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)OR  
11a. ORGANIZATION'S NAME

11b. INDIVIDUAL'S SURNAME

**Kemble**

FIRST PERSONAL NAME

**Clark**

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**1716 Western Ave**

CITY

**Fort Worth**

STATE

**TX**

POSTAL CODE

**76107**

COUNTRY

**USA**11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)OR  
11a. ORGANIZATION'S NAME

11b. INDIVIDUAL'S SURNAME

**Kemble**

FIRST PERSONAL NAME

**Laurie**

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

**1716 Western Ave**

CITY

**Fort Worth**

STATE

**TX**

POSTAL CODE

**76107**

COUNTRY

**USA**

**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 ☐

OR	9a. ORGANIZATION'S NAME <b>Rhodium 30MW LLC</b>
	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

OR	11a. ORGANIZATION'S NAME <b>Solo Sessions, LLC Profit Sharing Plan</b>
	11b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

11c. MAILING ADDRESS <b>3404 Stratford Hills Lane</b>	CITY <b>Austin</b>	STATE <b>TX</b>	POSTAL CODE <b>78746</b>	COUNTRY <b>USA</b>
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11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME
	11b. INDIVIDUAL'S SURNAME <b>Thurman</b>
	FIRST PERSONAL NAME <b>Scott</b>
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

11c. MAILING ADDRESS <b>4404 Summercrest Court</b>	CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76109</b>	COUNTRY <b>USA</b>
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11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME <b>Printing Capital I LP</b>
	11b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

11c. MAILING ADDRESS <b>626 King St W Unit 302</b>	CITY <b>Toronto</b>	STATE <b>ON</b>	POSTAL CODE	COUNTRY <b>CAN</b>
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11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME <b>Equity Trust Company Custodian FBO Valentin Angelkov IRA</b>
	11b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

11c. MAILING ADDRESS <b>26 W Fairbranch Cir</b>	CITY <b>The Woodlands</b>	STATE <b>TX</b>	POSTAL CODE <b>77382</b>	COUNTRY <b>USA</b>
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**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 ☐

OR	9a. ORGANIZATION'S NAME <b>Rhodium 30MW LLC</b>
	9b. INDIVIDUAL'S SURNAME
	FIRST PERSONAL NAME
	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE 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**

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Heather Cavanaugh (708) 639-4320</b>
B. E-MAIL CONTACT AT FILER (optional) <b>corporate@fornarolaw.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Fornaro Law</b>  <b>1022 S. LaGrange Rd.</b>  <b>LaGrange, IL 60525</b> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**2021 1715128**

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: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 <b>Pathak</b>	FIRST PERSONAL NAME <b>Rachana</b>	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			
OR	7b. INDIVIDUAL'S SURNAME <b>Blackmon</b>		
	INDIVIDUAL'S FIRST PERSONAL NAME <b>Cameron</b>		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		

7c. MAILING ADDRESS <b>2204 Mistletoe Blvd.</b>	CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76110</b>	COUNTRY <b>USA</b>
--	---------------------------	--------------------	-----------------------------	-----------------------

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			
OR	9b. INDIVIDUAL'S SURNAME <b>Pathak</b>	FIRST PERSONAL NAME <b>Rachana</b>	ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

## UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

## FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

**2021 1715128**

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME	
OR	
20b. INDIVIDUAL'S SURNAME	
<b>Pathak</b>	
FIRST PERSONAL NAME	
<b>Rachana</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

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 DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

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. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b)

24a. ORGANIZATION'S NAME			
OR			
24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Blackmon</b>	<b>Chase</b>		
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
<b>4412 Summercrest Ct.</b>	<b>Fort Worth</b>	<b>TX</b>	<b>76109 USA</b>

25. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME			
OR			
25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Nichols</b>	<b>Nathan</b>		
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
<b>3000 Gracie Kiltz Lane, Apt 307</b>	<b>Austin</b>	<b>TX</b>	<b>78758 USA</b>

26. MISCELLANEOUS:



## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Heather Cavanaugh (708) 639-4320</b>
B. E-MAIL CONTACT AT FILER (optional) <b>corporate@fornarolaw.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Fornaro Law</b> <b>1022 S. LaGrange Rd.</b> <b>LaGrange, IL 60525</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**2021 1715128**

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:

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 <b>Stris</b>	FIRST PERSONAL NAME <b>Peter</b>	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

OR 7b. INDIVIDUAL'S SURNAME <b>Blackmon</b>	INDIVIDUAL'S FIRST PERSONAL NAME <b>Cameron</b>	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--	--	--	--------

7c. MAILING ADDRESS <b>2204 Mistletoe Blvd.</b>	CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76110</b>	COUNTRY <b>USA</b>
--	---------------------------	--------------------	-----------------------------	-----------------------

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

OR 9b. INDIVIDUAL'S SURNAME <b>Stris</b>	FIRST PERSONAL NAME <b>Peter</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form <b>2021 1715128</b>	
20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
20a. ORGANIZATION'S NAME	
OR	
20b. INDIVIDUAL'S SURNAME <b>Stris</b>	
FIRST PERSONAL NAME <b>Peter</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
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 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
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. <input checked="" type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (24a or 24b)				
24a. ORGANIZATION'S NAME				
OR				
24b. INDIVIDUAL'S SURNAME <b>Blackmon</b>	FIRST PERSONAL NAME <b>Chase</b>	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
24c. MAILING ADDRESS <b>4412 Summercrest Ct.</b>	CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76109</b>	COUNTRY <b>USA</b>

25. <input checked="" type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (25a or 25b)				
25a. ORGANIZATION'S NAME				
OR				
25b. INDIVIDUAL'S SURNAME <b>Nichols</b>	FIRST PERSONAL NAME <b>Nathan</b>	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
25c. MAILING ADDRESS <b>3000 Gracie Kiltz Lane, Apt 307</b>	CITY <b>Austin</b>	STATE <b>TX</b>	POSTAL CODE <b>78758</b>	COUNTRY <b>USA</b>

26. MISCELLANEOUS:

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Heather Cavanaugh (708) 639-4320</b>	
B. E-MAIL CONTACT AT FILER (optional) <b>corporate@fornarolaw.com</b>	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Fornaro Law</b>  <b>1022 S. LaGrange Rd.</b>  <b>LaGrange, IL 60525</b> </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**2021 1715128**

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: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 <b>O'Connell</b>	FIRST PERSONAL NAME <b>Victor</b>	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

OR 7b. INDIVIDUAL'S SURNAME <b>Blackmon</b>	INDIVIDUAL'S FIRST PERSONAL NAME <b>Cameron</b>	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--	--	--	--------

7c. MAILING ADDRESS <b>2204 Mistletoe Blvd.</b>	CITY <b>Fort Worth</b>	STATE <b>TX</b>	POSTAL CODE <b>76110</b>	COUNTRY <b>USA</b>
--	---------------------------	--------------------	-----------------------------	-----------------------

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

OR 9b. INDIVIDUAL'S SURNAME <b>O'Connell</b>	FIRST PERSONAL NAME <b>Victor</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
---	--------------------------------------	-------------------------------	--------

10. OPTIONAL FILER REFERENCE DATA:



## UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

## FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

**2021 1715128**

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S SURNAME

**O'Connell**

FIRST PERSONAL NAME

**Victor**

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

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 DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

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. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR

24b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**Blackmon****Chase**

24c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**4412 Summercrest Ct.****Fort Worth****TX****76109****USA**25. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR

25b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**Nichols****Nathan**

25c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**3000 Gracie Kiltz Lane, Apt 307****Austin****TX****78758****USA**

26. MISCELLANEOUS:



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Title	05_Proof of Claim Rhodium 30MW_Cameron Blackmon.pdf
File name	DRAFT_05_Proof%20...on%20Blackmon.pdf
Document ID	a4e62542b41e744343f62a13da99e672a2f35fd1
Audit trail date format	MM / DD / YYYY
Status	● Signed

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## Document History



SENT

**11 / 22 / 2024**

21:54:18 UTC

Sent for signature to Cameron Blackmon

(cameronblackmon@imperiumholdings.io) from rangel@slolp.com

IP: 76.214.117.81



VIEWED

**11 / 22 / 2024**

21:55:26 UTC

Viewed by Cameron Blackmon

(cameronblackmon@imperiumholdings.io)

IP: 107.194.108.213



SIGNED

**11 / 22 / 2024**

21:56:12 UTC

Signed by Cameron Blackmon

(cameronblackmon@imperiumholdings.io)

IP: 107.194.108.213



COMPLETED

**11 / 22 / 2024**

21:56:12 UTC

The document has been completed.