Fill in this info	ormation to identify the case:	
Debtor	Rhodium Enterprises, Inc.	
United States Ba	ankruptcy Court for the: Southern	District of Texas(State)
Case number	24-90454	

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. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1: Identify the Clair	n	
1.	Who is the current creditor?	GRF Tiger Trust Name of the current creditor (the person or entity to be paid for this clain Other names the creditor used with the debtor	n)
2.	Has this claim been acquired from someone else?	✓ No 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? GRF Tiger Trust Brenda L. Funk Munsch Hardt Kopf Harr, P.C. 700 Milam Street, Suite 800 Houston, TX 77002 Contact phone Contact phone Discrepance Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) GRF Tiger Trust 11 W. 30th Street, Apt. 7R New York, NY 10001 Contact phone Contact email will@in8bio.com
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?	

Official Form 410 Proof of Claim

Part 2	Giva	ln

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?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ 1,006,861.17 Does this amount include interest or other charges? No 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. See Attached Exhibit A
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property. Nature or property: Real estate: If the claim is secured by the debtor's principle residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle
10.	Is this claim based on a lease?	No Yes. Amount necessary to cure any default as of the date of the petition. \$
11.	Is this claim subject to a right of setoff?	No Yes. Identify the property:

Official Form 410 Proof of Claim

12. Is all or part of the claim	₽ No				
entitled to priority under 11 U.S.C. § 507(a)?	_	k all that apply:			Amount entitled to priority
A claim may be partly priority and partly	Dome		uding alimony and child support	t) under	œ.
nonpriority. For example, in some categories, the law limits the amount			purchase, lease, or rental of por household use. 11 U.S.C. § §		\$
entitled to priority.	days		s (up to \$15,150*) earned within on is filed or the debtor's busin 507(a)(4).		\$
	Taxes	s or penalties owed to gover	nmental units. 11 U.S.C. § 507((a)(8).	\$
	☐ Contri	ibutions to an employee be	nefit plan. 11 U.S.C. § 507(a)(5	5).	\$
	Other	Specify subsection of 11	J.S.C. § 507(a)() that applies	s.	\$
	* Amounts	are subject to adjustment on 4/0	1/25 and every 3 years after that for	cases begun c	n 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)?	days befor	re the date of commenceme	m arising from the value of any ent of the above case, in which business. Attach documentatio	the goods h	nave been sold to the Debtor in
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.	I am the trust I am a guaran I understand that a the amount of the I have examined the I declare under pe Executed on date	ditor. ditor's attorney or authorized tee, or the debtor, or their author, surety, endorser, or other authorized signature on the claim, the creditor gave the he information in this <i>Proof</i> tenalty of perjury that the fore 11/22/2024 MM / DD / YYYY	uthorized agent. Bankruptcy Rule 3 her codebtor. Bankruptcy Rule 3 his <i>Proof of Claim</i> serves as an debtor credit for any payments of <i>Claim</i> and have reasonable be	acknowledg received tow	ard the debt.
	<u>/s/William H</u> Signature	lo			
	Print the name of	f the person who is compl	eting and signing this claim:		
	Name	<u>William Ho</u> First name	Middle name	Last na	ime
	Title	Trustee			
	Company	GRF Tiger Trust	s the company if the authorized agen	it is a servicer.	
	Address				
	Contact phone		Email		



Official Form 410 Proof of Claim

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 733-1541 | International 001-310-823-9000

. c. p doc.etac. 2 cc (c.		
Debtor:		
24-90454 - Rhodium Enterprises, Inc.		
District:		
Southern District of Texas, Houston Division		
Creditor:	Has Supporting Doc	umentation:
GRF Tiger Trust	Yes, supportir	ng documentation successfully uploaded
Brenda L. Funk	Related Document S	tatement:
Munsch Hardt Kopf Harr, P.C.		
700 Milam Street, Suite 800	Has Related Claim:	
Houston, TX, 77002	No No	_
	Related Claim Filed	ву:
Phone:	Filing Party:	
713-522-5832 Phone 2:	Authorized ag	ent
Fax:		
Email:		
bfunk@munsch.com		
Disbursement/Notice Parties:		
GRF Tiger Trust		
11 W. 30th Street, Apt. 7R		
New York, NY, 10001		
Phone:		
Phone 2:		
Fax:		
E-mail:		
will@in8bio.com		
DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
See Attached Exhibit A	No	
Total Amount of Claim:	Includes Interest or	Charges:
1,006,861.17	None	-
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
No	Value of Property:	
Amount of 503(b)(9):	Annual Interest Rate	
No		•
Based on Lease:	Arrearage Amount:	
No	Basis for Perfection:	
Subject to Right of Setoff:	Amount Unsecured:	
No		
Submitted By:		
William Ho on 22-Nov-2024 4:12:35 p.m. Eastern Time		
Title:		
Trustee		
Company:		
GRE Tiger Trust		

Fill in this information to identify the case:	
Debtor 1 Rhodium Enterprises, Inc.	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: Southern District of Texas	
Case number 24-90454	<u>-</u>

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. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of 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. That date is on the notice of bankruptcy (Form 309) that you received.

F	art 1: Identify the C	aim					
1.	Who is the current creditor?	GRF Tiger Trust Name of the current cred Other names the creditor	, ,	ntity to be paid for this cla	im)		
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	1?				
3.	Where should notices and payments to the	Where should notic	es to the creditor	be sent?	Where should pa different)	yments to the credito	or be sent? (if
	creditor be sent?	Brenda L. Funk /	Munsch Hardt	Kopf & Harr, PC	GRF Tiger Tru	st	
	Federal Rule of	Name			Name		
	Bankruptcy Procedure (FRBP) 2002(g)	700 Milam St., S	uite 800		11 W. 30th Str	eet Apt 7R	
	(**************************************	Number Street		 	Number Stree	t	
		Houston	TX	77002	New York	NY	10001
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 713-2	22-5832		Contact phone		
		Contact email bfunl	k@munsch.cor	<u>n</u>	Contact email W	ill@in8bio.com	
		Uniform claim identifier	for electronic paymen	nts in chapter 13 (if you us	e one): 		
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numl	ber on court claims	s registry (if known)		Filed on MM /	DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made	the earlier filing?				

	art 2. Give information	III About the Claim as of the Date the Case was riled
6.	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ not less than \$1,006,861.17 Does this amount include interest or other charges? No ☐ 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. See attached Exhibit A.
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. 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 Other. Describe: Basis for perfection: 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 secured: (The sum of the secured and unsecured amounts should match the amount in line 7.)
10	. Is this claim based on a lease?	Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed)% Fixed Variable No Yes. Amount necessary to cure any default as of the date of the petition. \$
11	. Is this claim subject to a right of setoff?	✓ No ☐ Yes. Identify the property:

12. Is all or part of the claim	☑ No					
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	cone:				Amount entitled to priority
A claim may be partly priority and partly		tic support obligations (includin C. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child sup	port) unde	er	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		3,350* of deposits toward purclal, family, or household use. 11		property o	or services for	\$
entitled to priority.	bankru	, salaries, or commissions (up totcy petition is filed or the debto C. § 507(a)(4).				\$
	☐ Taxes of	or penalties owed to governme	ntal units. 11 U.S.C. § 5	07(a)(8).		\$
	☐ Contrib	utions to an employee benefit բ	olan. 11 U.S.C. § 507(a)(5).		\$
	Other.	Specify subsection of 11 U.S.C	. § 507(a)() that appli	es.		\$
		are subject to adjustment on 4/01/2			s begun on or aft	er the date of adjustment.
	7 tillourito	are dubject to adjustment on 170 172				or the date of adjustment.
Part 3: Sign Below						
Tart 5. Oign Below						
The person completing this proof of claim must	Check the appro	opriate box:				
sign and date it.	I am the cre	editor.				
FRBP 9011(b).	I am the cre	editor's attorney or authorized a	agent.			
If you file this claim electronically, FRBP	☐ I am the tru	istee, or the debtor, or their aut	horized agent. Bankrup	tcy Rule 3	004.	
5005(a)(2) authorizes courts	l am a guai	rantor, surety, endorser, or other	er codebtor. Bankruptcy	Rule 300	5.	
to establish local rules						
specifying what a signature is.		at an authorized signature on th				
A person who files a	amount of the cl	aim, the creditor gave the debt	or credit for any payme	nts receive	ed toward the d	ept.
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	d the information in this <i>Proof o</i>	f Claim and have a reas	sonable be	elief that the info	ormation is true
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foreg	joing is true and correct	. .		
3571.	Executed on da	te 11/22/2024				
	DocuSigne					
	William					
	SIGNETERECC				_	
	Signature					
	Print the name	of the person who is comple	ting and signing this	claim:		
	Name	William Ho				
	Name	First name	Middle name		Last name	
	Title	Trustee				
	Company	GRF Tiger Trust				
		Identify the corporate servicer a	s the company if the autho	rized agent	is a servicer.	
		11 W. 30th Street Apt	7D			
	Address	Number Street	118			
		New York		NY	10001	
		City		State	ZIP Code	
		2,				io com
	Contact phone			Email	will@in8b	NO.COITI

EXHIBIT A TO PROOF OF CLAIM

This **Exhibit A** supplements the information in the accompanying Proof of Claim (the "<u>Claim</u>") filed by GRF Tiger Trust (the "Creditor"), against one or more of the Debtors ("<u>Debtors</u>"), and is incorporated as part of the Claim for all purposes. This Claim is filed without prejudice to any claims against non-Debtor parties, and any such claim is expressly reserved.

DESCRIPTION OF CERTAIN TRANSACTIONS AND CLAIMS

- 1. Creditor invested \$1,000,000 in one or more of the Debtors (the "Investment").
- 2. As of the Petition Date, Creditor has a secured claim in the amount of \$700,000 in principal and \$6,861.17 in interest against Rhodium Encore LLC (the "Secured Claim"). The Secured Claim is evidenced by a promissory note, security agreement and UCC-1 Financing Statements filed in Texas and Delaware. Creditor has additional claims for post-petition interest, fees and costs.
- 3. Certain of the Debtors participated in the "Rollup" transaction as described in the *Declaration of David M. Dunn in Support of Chapter 11 Petitions and First Day Relief* (dkt. 35). As a result of the Rollup, Creditor's equity investment of \$300,000 in Rhodium Encore was converted to shares in Rhodium Enterprises, Inc. ("Enterprises"). Creditor asserts damages in connection with the Rollup including, but not limited to, an incorrect allocation of equity ownership in Enterprises and inflated control premium.
- 4. Before the Petition Date, Debtors made transfers to other Debtors on an "intercompany" basis (the "<u>Intercompany Transactions</u>") for which adequate value was not received and which were made to the detriment of Creditor. Creditor asserts damages in connection with the Intercompany Transactions.
- 5. Before the Petition Date, the Debtors caused one or more amendments to the Operating Agreement for Rhodium Technologies (the "Amendments"); which Amendments were for the benefit of Imperium and other insiders, and which Amendments were not disclosed to Creditor. Creditor asserts damages in connection with the Amendments.
- 6. Before the Petition Date, certain Debtors entered into debt or equity transactions (the "<u>Dilutive Transactions</u>") without regard to the anti-dilution provisions of certain agreements with Creditor. Creditor asserts damages in connection with the Dilutive Transactions.
- 7. In addition to the bases for recovery set forth above, the Creditor asserts this Claim against the Debtors for all other damages and other remedies to which the Creditor may be entitled at law (contract, tort or otherwise) or in equity based on any and all actions, claims, causes of action, rights, damages, defenses, powers and privileges of any kind or character whatsoever, known, unknown, contingent or noncontingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity or pursuant to any other theory of law.
- 8. The Creditor hereby asserts a total claim in the amount of not less than \$1,006,861.17 plus all other damages to which the Creditor is entitled.

RESERVATION OF RIGHTS

- 1 Creditor reserves, without limitation and to the fullest extent allowed by applicable law, the right to amend, modify, renew, extend, restate and/or supplement, for any reason, its Claim (including, without limitation, this exhibit to the Claim).
- The amount of the Claim asserted hereby is solely with respect to amounts owing as of the filing of this Claim as indicated herein and by the subsequent exhibits, and Creditor hereby reserves all rights to assert additional claims for any additional pre or post-petition amounts to which Creditor may be entitled, specifically as it relates to attorneys' fees, costs, expenses, and interest assessable pursuant to prevailing law, as set forth above, as well as reconciliation amounts that may be determined as due and owing subsequent to this filing.
- Furthermore, the filing of this Claim (including, without limitation, this exhibit to the Claim) is not and shall not be deemed or construed as:
 - (a) A waiver or release of Creditor's rights against any person, entity, or property of the Debtors or the Debtors' estate;
 - (b) A consent by Creditor to the jurisdiction of the United States Bankruptcy Court for the Southern District of Texas, Houston Division (the "Bankruptcy Court"), or any other court with respect to proceedings, if any, commenced against or otherwise involving the Debtors or Creditor;
 - (c) A waiver or release of Creditor's right to trial by jury in any proceedings as to any and all matters so triable herein, whether or not the same be designated legal or private rights or in any case, controversy, or proceeding related hereto, notwithstanding the designation or not of such matters as "core proceedings" pursuant to 28 U.S.C. § 157(b)(2), and whether such jury trial right is pursuant to statute or the United States Constitution;
 - (d) A consent by Creditor to a jury trial in the Bankruptcy Court or any other court in any proceeding as to any and all matters so triable herein or in any case, controversy, or proceeding related hereto, pursuant to 28 U.S.C. § 157 or otherwise;
 - (e) A waiver or release of Creditor's right to have any and all final orders in any and all noncore matters or proceedings entered only after de novo review by a United States District Court:
 - (f) A waiver of Creditor's rights to move to withdraw the reference with respect to the subject matter of its Claim (including, without limitation, this exhibit) and/or the Claim, any objection thereto or other proceedings that may be commenced in this case against or otherwise involving the Debtors or Creditor; or
 - (g) An election of remedies.

Signer	Debt Amount	Owner	payment Date	using 0.20% actual paid	using proper AFR 0.52%	Difference owed
Will Ho	\$700,000	GR Fairbairn Family Trust	2/22/2022	(1,465.21)	-3809.546	(2,344.34)
WIII TIO	Ψ7 00,000	Trust	2/1/2023	(1,315.62)	-3420.612	(2,104.99)
			2/29/2024	(1,507.40)	-3919.24	(2,411.84)
			subtotal	(4,288.23)	-11149.398	(6,861.17)
			oubtotal	(1,200.20)	11110.000	(0,001.17)
Will Ho	\$700,000	GRF Tiger Trust	2/22/2022	(1,465.21)	-3809.546	(2,344.34)
			2/1/2023	(1,315.62)	-3420.612	(2,104.99)
			2/29/2024	(1,507.40)	-3919.24	(2,411.84)
			subtotal	(4,288.23)	-11149.398	(6,861.17)
Will Ho	\$700,000	NC Fairbairn Family Trust	2/22/2022	(1,465.21)	-3809.546	(2,344.34)
	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2/1/2023	(1,315.62)	-3420.612	(2,104.99)
			2/29/2024	(1,507.40)	-3919.24	(2,411.84)
			subtotal	(4,288.23)	-11149.398	(6,861.17)
				(, ,		,
Menti	#700 000		0.100.100.00	(4.405.04)	2000 540	(0.044.04)
Will Ho	\$700,000	NCF Eagle Trust	2/22/2022	(1,465.21)	-3809.546	(2,344.34)
			2/1/2023	(1,315.62)	-3420.612	(2,104.99)
			2/29/2024	(1,507.40)	-3919.24	(2,411.84)
			subtotal	(4,288.23)	-11149.398	(6,861.17)
Grant Fairbairn	\$700,000	Grant Fairbairn Revocable Trust	2/22/2022	(1,469.04)	-3819.504	(2,350.46)
C. unt i un buill	ψ7 00,000		2/3/2023	(1,315.62)	-3420.612	(2,330.40)
			2/29/2024	(1,513.02)	-3919.24	(2,411.84)
			subtotal	(4,292.06)	-11159.356	(6,867.30)
				(1,252.50)		(5,551.130)
Nine Feigh sign	¢700.000	Nina Claire Fairbairn	2/22/2022	(4.400.04)	2040 504	(0.050.10)
Nina Fairbairn	\$700,000	Revocable Trust	2/22/2022	(1,469.04)	-3819.504	(2,350.46)
			2/3/2023	(1,315.62)	-3420.612	(2,104.99)
			2/29/2024	(1,507.40)	-3919.24 -11159.356	(2,411.84)
			subtotal	(4,292.06)	-11109.000	(6,867.30)
		Transcend Partners				
Nina Fairbairn	1,750,000	Legend Fund LLC	2/22/2022	(3,672.60)	-9548.76	(5,876.16)
			2/1/2023	(3,289.04)	-8551.504	(5,262.46)
			2/29/2024	(3,768.49)	-9798.074	(6,029.58)
			subtotal	(10,730.13)	-27898.338	(17,168.21)
Malcolm Fairbair	11.550.000	Valley High LP	2/22/2022	(24,239.18)	-63021.868	(38,782.69)
	,,	J <u>-</u>	2/1/2023	(21,707.67)	-56439.942	(34,732.27)
			2/29/2024	(24,872.05)	-64667.33	(39,795.28)
			subtotal	(70,818.90)		(113,310.24)
Total Owed from a	Il Entities for in	laccurate AFR Payr	nent totals	(171,657.71)		
. II. J. Wall of the		ayı		(1.1,001.11)		
In addition, the foll	owing table wa	as sent by Rhodium	CFO Kevin H	ays showing pavr	nent dates, we di	id not receive mor
						Missing
Transcend Legend	I	X	Х	X	Х	
Grant Revocable	rust	X	2/3/2023	Х	Х	\$1,316.62
Nina Living Trust		X	2/3/2023	Х	Х	\$1,315.62
GR Fairbairn		Х	Х	Х	8/2/2024	\$5,343.01
		X	Х	Х	Х	
GRF Tiger			l v	X	Х	
GRF Tiger NCF Eagle		X	X	^		+
		X	X	Х	Х	
NCF Eagle	ly					



Search Results

STEVEN PATTERSON HOLLAND & KNIGHT LLP One Arts Plaza 1722 Routh St, Suite 1500 Dallas, TX 75201 Date: 11/02/2023 Order #: 95823694 Customer #: 518904 Reference 1: 226189.00001

Reference 2: --

Target Name: RHODIUM ENCORE LLC

Jurisdiction: Secretary of State, Delaware

Search Type: Federal Tax Lien Searched Through: 10/26/2023

Results: No Records Found /See Attached Certified Search Searched: 10 Years

Search Type: UCC Lien Searched Through: 10/26/2023

Results: Original Financing Statement(s): 1 Searched: 5 Years

See Attached Certified Search with 14 Copies Attached

TERRI FAULKS
UCC Team 6
4400 Easton Commons Way
Suite 125
Columbus, OH 43219
(800) 713-0705 EXT:3302
terri.faulks@wolterskluwer.com

This report contains information compiled from sources which CT Corporation considers reliable but does not control. The information provided is not a certified record of the applicable jurisdiction unless otherwise indicated. CT Corporation does not (i) warrant or guarantee the accuracy, completion or timeliness of the information provided or (ii) accept any liability for delays, errors or omissions in the information provided. CT Corporation is not an insurer with regard to this information or these services. Under no circumstances shall CT Corporation be liable for any loss of underlying collateral or loss (or decreased priority) of security interest in connection with this information or these services. Any categorization of search results is provided for convenience only and is not to be construed as a legal opinion concerning the status of filings .



Page 1

CERTIFICATE

SEARCHED NOVEMBER 2, 2023 AT 1:41 P.M. FOR DEBTOR, RHODIUM ENCORE LLC

1 OF 1 FINANCING STATEMENT 20237184814

EXPIRATION DATE: 10/20/2028

DEBTOR: RHODIUM ENCORE LLC

4412 SUMMERCREST COURT ADDED 10-20-23

FORT WORTH, TX US 76109

SECURED: VALLEY HIGH LP, A NEVADA LIMITED PARTNERSHIP

10 ORINDA VIEW RD ADDED 10-20-23

ORINDA, CA US 94563

SECURED: SCHWARZ, PAUL

1576 KITTYHAWK LN ADDED 10-20-23

GLENVIEW, IL US 60026

SECURED: 345 PARTNERS SPV2 LLC, A CALIFORNIA LIMITED LIABILITY

COMPANY

17148 MILL RISE WAY ADDED 10-20-23

LOS GATOS, CA US 95030

SECURED: KINTZ FAMILY TRUST, A TRUST FORMED UNDER THE LAWS OF

CALIFORNIA



Authentication: 204507013

<u>Delaware</u>

Page 2

The First State

6010 AGEE ST ADDED 10-20-23

SAN DIEGO, CA US 92122

SECURED: ABORN, JONATHAN

2150 BROADWAY APT 10B ADDED 10-20-23

NEW YORK, NY US 10023

SECURED: STRIS, PETER

13115 ESPINHEIRA DRIVE ADDED 10-20-23

CERRITOS, CA US 90703

SECURED: WILKINS-DUIGNAN 2009 REVOCABLE TRUST, A TRUST FORMED

UNDER THE LAWS OF CALIFORNIA

PO BOX 7278 ADDED 10-20-23

BERKELEY, CA US 94707

SECURED: JERALD AND MELODY HOWE WEINTRAUB REVOCABLE LIVING TRUST

DTD 02/05/98, AS AMENDED

3527 MT. DIABLO BOULEVARD #322 ADDED 10-20-23

LAFAYETTE, CA US 94549

SECURED: FULLERTON, RICHARD

3047 FILLMORE STREET ADDED 10-20-23

SAN FRANCISCO, CA US 94123

Authentication: 204507013



Page 3

SECURED: O'CONNELL, VICTOR

18812 PINEWOOD CIRCLE ADDED 10-20-23

CERRITOS, CA US 90703

SECURED: PATHAK, RACHANA

16416 KNOLL STONE CIRCLE ADDED 10-20-23

CERRITOS, CA US 90703

SECURED: GR FAIRBAIRN FAMILY TRUST, A TRUST FORMED UNDER THE

LAWS OF NEVADA

11 W. 30TH STREET, APT 7R ADDED 10-20-23

NEW YORK, NY US 10001

SECURED: GRANT FAIRBAIRN REVOCABLE TRUST, A TRUST FORMED UNDER

THE LAWS OF CALIFORNIA

10 ORINDA VIEW RD ADDED 10-20-23

ORINDA, CA US 94563

SECURED: GRF TIGER TRUST, A TRUST FORMED UNDER THE LAWS OF

NEVADA

11 W. 30TH STREET, APT 7R ADDED 10-20-23

NEW YORK, NY US 10001

SECURED: NC FAIRBAIRN FAMILY TRUST, A TRUST FORMED UNDER THE

LAWS OF NEVADA



Authentication: 204507013

Delaware

Page 4

The First State

11 W. 30TH STREET, APT 7R ADDED 10-20-23

NEW YORK, NY US 10001

SECURED: NCF EAGLE TRUST, A TRUST FORMED UNDER THE LAWS OF

NEVADA

11 W. 30TH STREET, APT 7R ADDED 10-20-23

NEW YORK, NY US 10001

SECURED: NINA CLAIRE FAIRBAIRN REVOCABLE TRUST, A TRUST FORMED

UNDER THE LAWS OF CALIFORNIA

10 ORINDA VIEW RD ADDED 10-20-23

ORINDA, CA US 94563

SECURED: TRANSCEND PARTNERS LEGEND FUND LLC, A DELAWARE LIMITED

LIABILITY COMPANY

10 ORINDA VIEW RD ADDED 10-20-23

ORINDA, CA US 94563

SECURED: CULLINAN, BRIAN

56495 MOUNTAIN VIEW DRIVE ADDED 10-20-23

LA QUINTA, CA US 92253

SECURED: RUBIN, JACOB

180 CORTE MADERA RD ADDED 10-20-23

PORTOLA VALLEY, CA US 94028

Authentication: 204507013



Page 5

FILING HISTORY

20237184814 FILED 10-20-23 AT 3:27 P.M. FINANCING STATEMENT

END OF FILING HISTORY

THE UNDERSIGNED FILING OFFICER HEREBY CERTIFIES THAT THE ABOVE LISTING IS A RECORD OF ALL PRESENTLY EFFECTIVE FINANCING STATEMENTS, FEDERAL TAX LIENS AND UTILITY SECURITY INSTRUMENTS FILED IN THIS OFFICE WHICH NAME THE ABOVE DEBTOR, RHODIUM ENCORE LLC AS OF OCTOBER 26, 2023 AT 11:59 P.M.



Authentication: 204507013

NAME & PHONE OF CONTA ** LIEN SOLUTIONS 800-33 E-MAIL CONTACT AT FILER UCCFILINGRETURN SMOLTER	31-3282 R (optional)				aware Department of S U.C.C. Filing Section led: 03:27 PM 10/20/20.	
SEND ACKNOWLEDGMENT				U.C.C.	Initial Filing No. 2023 7 te Request No. 202337	184814
GLENDALE, CA 91209-907 US.	,1	2000000000000000000000000000000000000				
			THE ABOVE	SPACE IS FO	R FILING OFFICE USE	YJMC
	only gae Debtor hame (1e or 1b) (use all of item 1 blank, check here are					
REODIUM ENCORE LLC						
15, INDIVIDUAL'S SURNAME		FIRST PERSONA	NAME	CITICOA	nal name(s)/initial(s)	SUFFIX
MAILING ADDRESS	*************************************	CITY PORT WORTH		STATE	POSTAL CODE 76109	COUNT
	only one Debter name (2a or 2b) (use					
2a: ORGANIZATION'S NAME	all of item 2 blank, check here ar	a broade the travious Depo	r ithoroxilos in testi (o o)	ne rinancing au	weiteist Andersonti (Laun O	.X7 (AG)
2						
2b. INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNT
SECURED PARTY'S NAMI	E (or NAME of ASSIGNEE of ASSIGN	оп по передения в под	######################################	name (3a or 3b)	000000000000000000000000000000000000000
3a. ORGANIZATION'S NAME	THEOLOGY OF CONTRACT PROPERTY PROPERTY.	ek ink laws up nevalu	k			
Sa. ORGANIZATION'S NAME GR FAIREAIRN FAMILY TH	RUST, A TRUST FORMED UNDE	in an' na iora na 'mina na 'na iora na 'mina na 'mina na 'paran na 'mina, na 'mina, na 'mina na 'mina na 'mina	L NAME.	OFFICIAL	NAL NAME(S)/INITIAL(S)	SUFFD
3a ORGANIZATION'S NAME GR FAIRBAIRN FAMILY TO	RUST, A TRUST FORMED UNDI	FIRST PERSONA	L. NAME.	OFFICIAL	NAL NAME(S)/INITIAL(S)	SUFFIX
Sa. ORGANIZATION'S NAME GR FAIREAIRN FAMILY TH		in an' na iora na 'mina na 'na iora na 'mina na 'mina na 'paran na 'mina, na 'mina, na 'mina na 'mina na 'mina	L NAME	ACOTTO STATE	POSTAL CODE	COUNT

Docusign Envelope ID: 23E702F1-48DB-415F-9CAC-331FA9887D23

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here. | 18a ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) FIRST PERSONAL NAME SUPERIX STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 20c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only coe name (22a or 22b) 22. ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME GRANT FAIRBAIRM REVOCABLE TRUST, A TRUST FORMED UNDER THE LAWS OF CALIFORNIA OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 10 ORINDA VIEW RD ŲŞ CRIMDA 94563 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) GRF TIGER TRUST. A TRUST FORMED UNDER THE LAWS OF NEVADA OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11 W. 30TH STREET, APT 7R NEW YORK 10001 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here [18a ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) FIRST PERSONAL NAME SUPERIX STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 20c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only coe name (22a or 22b) 22. ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME MC FAIRBAIRN FAMILY TRUST, A TRUST FORMED UNDER THE LAWS OF NEVADA OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ŲŞ 11 W. 30TH STREET, APT 7R 10001 NEW YORK 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) NCF EAGLE TRUST. A TRUST FORMED UNDER THE LAWS OF NEVADA OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11 W. 30TH STREET, APT 7R NEW YORK 10001 US

24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here. | 18a ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) FIRST PERSONAL NAME SUPERIX STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 20c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only coe name (22a or 22b) 22. ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME NINA CLAIRE FAIRBAIRN REVOCABLE TRUST, A TRUST FORMED UNDER THE LAWS OF CALIFORNIA OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 10 ORINDA VIEW RD ŲŞ CRIMDA 94563 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) transcend partners legend fund LLC, a delaware limited liability company OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 10 ORINDA VIEW RD ORINDA 94563 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here. | 18a. ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) FIRST PERSONAL NAME SUFFIX STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 20c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME. Provide only one Debtor name (21a or 21b) (use exect, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a, ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME VALLEY SIGS LP, A NEVADA LIMITED PARTNERSHIP OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 10 ORINDA VIEW RD ŲŞ ORINDA 94563 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) 23a ORGANIZATION'S NAME OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Cullinan erian 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 56495 MOUNTAIN VIEW DRIVE LA QUINTA 92253 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here [18a. ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) SUFFIX FIRST PERSONAL NAME STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exect, 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 POSTAL CODE CITY STATE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX RUBIN JACOB 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 180 CORTE MADERA RD ŲŞ PORTOLA VALLEY 94028 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) 23a ORGANIZATION'S NAME OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SCHWARZ PAUL 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 1576 KITTYHAWK LM GLENVIEW 60026 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here. | 18a ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) FIRST PERSONAL NAME SUPERIX STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 20c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME. Provide only one Debtor name (21a or 21b) (use exect, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22. ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME 345 PARTNERS SPV2 LLC, A CALIFORNIA LIMITED LIABILITY COMPANY OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ŲŞ 17148 MILL RISE WAY 95030 LOS GATOS 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) KINTZ FAMILY TRUST, A TRUST FORMED UNDER THE LAWS OF CALIFORNIA 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 6010 AGEE ST SAN DIEGO CA 92122 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here [18a. ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) SUFFIX FIRST PERSONAL NAME STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 21. ADDITIONAL DEBTOR'S NAME. Provide only one Debtor name (21a or 21b) (use exect, 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 POSTAL CODE CITY STATE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ABORN MATHAM 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2150 BROADWAY APT 10B ŲŞ NEW YORK 10023 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) 23a ORGANIZATION'S NAME OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STRIS PETER 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 13115 ESPIRHEIRA DRIVE CERRITOS 90703 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here [18a ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) SUFFIX FIRST PERSONAL NAME STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 20c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only coe name (22a or 22b) 22. ADDITIONAL SECURED PARTY'S NAME of 22a. ORGANIZATION'S NAME WILKINS-DUIGNAM 2009 REVOCABLE TRUST, A TRUST FORMED UNDER THE LAWS OF CALIFORNIA OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY PO BOX 7278 ŲŞ RESSELEY 94707 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) JERALD AND MELODY SOWE WEINTRAUS REVOCABLE LIVING TRUST DTD 02/05/98. AS AMENDED OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3527 MT. DIABLO BOULEVARD #322 LAFAYETTE 94549 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here [18a. ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a. ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INCHAL(S) SUFFIX FIRST PERSONAL NAME STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a, ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FULLERTON RICEARD 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3047 FILLWORE STREET ŲŞ 94123 SAN FRANCISCO 23. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) 23a ORGANIZATION'S NAME OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX O.COMMETT VICTOR 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 18812 PINEWOOD CIRCLE CERRITOS 90703 US 24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here [18a. ORGANIZATION'S NAME REODIUM ENCORE LLC 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUEFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debter name (19a or 19b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debter's name) 19a, ORGANIZATION'S NAME OR 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INCHAL(S) SUFFIX STATE 19c. MAILING ADDRESS Cary POSTAL CODE COUNTRY 20. ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exect, 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 POSTAL CODE CITY STATE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Patrak RACHANA 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 16416 KNOLL STONE CIRCLE ŲŞ CERRITOS 90703 ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23e or 23b) 23a ORGANIZATION'S NAME OR 235 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 24. MISCELLANEOUS:

ALL OF DEBTOR'S NO					Y DESCRIBED	ON
EXHIBIT A ATTACHED	HERETO,	ANU AUL	PKKNIEEDS	THEREOF.		

EXHIBIT A

"Debtor" shall mean Rhodium Encore LLC

The Collateral shall consist of:

- (A) "**Inventory**" which means and includes all of Debtor'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 Debtor'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 Debtor'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) "General Intangibles" which means and includes all of Debtor's now owned or hereafter acquired general intangibles as said term is defined in the Uniform Commercial Code including, without limitation, trademarks, tradenames, tradestyles, trade secrets, equipment formulation, manufacturing procedures, quality control procedures, product specifications, patents, patent applications, copyrights, registrations, contract rights, choses in action, causes of action, corporate or other business records, inventions, designs, goodwill, claims under guarantees, licenses, franchises, tax refunds, tax refund claims, computer program flow diagrams, source codes, object codes and all other intangible property of every kind and nature;
- (D) "Receivables" which means and includes all of Debtor's now owned or hereafter acquired accounts and contract rights, instruments, insurance proceeds, documents, chattel paper, letters of credit and Debtor'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 Debtor, all proceeds thereof and all files in which Debtor has any interest whatsoever containing information identifying or pertaining to any of Debtor's Receivables, together with all of Debtor's rights to any merchandise which is represented thereby, and all Debtor's right, title, security and guaranties with respect to each Receivable, including, without limitation, all rights of stoppage in transit, replevin and reclamation and all rights as an unpaid vendor;
- (E) All books, records, ledger cards, files, correspondence, computer programs, tapes, disks and related data processing software (owned by Debtor or in which it has an interest) which at any time evidence or contain information relating to (A), (B), (C) and (D) above or are otherwise necessary or helpful in the collection thereof or realization thereupon;
- (F) All of Debtor's right, title and interest in and to all goods and other property, whether or not delivered;

- (G) 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), (E) and (F) above or otherwise;
- (H) Intentionally Omitted.
- (I) (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 secured party for the account of Debtor (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 Debtor with secured party 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
- (J) All products and proceeds of (A), (B), (C), (D), (E), (F), (G), (H) and (I) above (including, but not limited to, all claims to items referred to in (A), (B), (C), (D), (E), (F), (G), (H) and (I) above) and all claims of Debtor 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), (G), (H) and (I) above and (iii) proceeds payable under, or unearned premiums with respect to policies of insurance in whatever form.

JCC FINANCING STATEMENT OLLOW, INSTRUCTIONS		07/22	/2024	187281 08:00 AM FILED TEXAS SECRETARY OF STATE	
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional Name: Wolters Kluwer Lien; Solutions Phone: 800-331 B. E-MAIL CONTACT AT SUBMITTER (optional)	l): -3282 Fax: 818-662-4141	505			
uccfilingretum@woltersiduwer.com		138520	92100	02	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 5	99858781				
File with: Secretary of State, TX SEE BELOW FOR SECURED PARTY CONTAC				or filing office u	
DEBTOR'S NAME: Provide only one Debtor name (1e or 1b) (in name will not fit in line 1b, leave all of item 1 blank, check here 1 a organization's NAME Rhodium Encore LLC					
TO THIDWIDULAL'S SURNAME	FIRST PERSONAL NAM	Æ.	ADDITIO	NAL NAME(S)ANITIAL(S)	SUFFIX
L. WILING ADDRESS	CITY		STATE	POSTAL-CODE	COUNTRY
412:SUMMERCREST COURT DEBTOR'S NAME: Provide only, <u>one</u> Debtor name (2a or 2b) (1	FORT WORTH		TX	76109	USA
MAILING ADDRESS 1146 W.U.S. HIGHWAY 79 SECURED PARTY'S NAME (or NAME of ASSIGNEE OF A TRUST OF			SYATE TX.	76587	COUNTRY
35. INDIVIDUAL & SURNAME	FIRST PERSONAL NA		ADOMO	NAL NAME(S)/INITIAL(S)	SUFFIX,
D. MAILING ADDRESS	CHY		STATE	POSTAL CODE	COUNTRY
11'W.30TH STREET; APT:7R	NEW YORK		NY	10001	USA
LL OF DEBTOR'S NOW EXISTING OR HEREAFTER ROCEEDS THEREOF.	ACQUIRED:PROPERTY DE	SCRIBED ON EXHIB	IT Ą ATT	ACHED HERETO, AI	₹D AĽL
Check only if applicable and check only one box: Collaterel is h. Check only if applicable and check only one box:		56.		ed by a Decedent's Perso d applicable and check <u>on</u> ural Lien	ly one box:

, D	AME OF FIRST DESTOR: Same as line to or to on Financing acause Individual Debtor name did not fit, check here	Statement; # Ene 15 was b	eft blank]:		
1	Se. ORGANIZATIONS HAME			i		
	Rhodium Encore LLC			}		
R	SO. INOVIDUAL'S SURNAME		<u></u>			
	FIRST PERSONAL NAME			-		
	ADDITIONAL NAME(SYNITIAL(S)	·*· . · · . · · · · · · · · · · · · · ·	SUFFIX			
_	PARAMETER AND				ACE IS FOR FILING O	
d	EBTOR'S NAME: Provide (10a or 10b) only ggs additional o not omit, modify, or abbreviate any part of the Debtor's name) : 10a, ORGANIZATION'S NAME			line 1b or 2b of the Financi	ng Statement (Form UCC1)	(use exact, full nam
R	10b. Individual's surname				· · · · · · · · · · · · · · · · · · ·	
	, NOWOUAL'S FIRST PERSONAL HAME					
	NOMOUAL'S ADDITIONAL NAME(SYNITIAL(S)	··· · · · · · · · · · · · · · · · ·				SUFFIX
Oc.	MALDIG ADORESS	СПУ		874	TE POSTAL CODE	COUNTRY
	ADDITIONAL SECURED PARTY'S NAME & 1111. ORGANIZATIONS NAME GRANT FAIRBAIRN REVOCABLE TRUST,			NAME: Provide only one		
R	11b. Individual's Surname		SONAL NAME		ITIONAL NAME(SYNITTAL(S)	SUFFIX
16.	MARING ADDRESS	cny		: STA	TE POSTAL CODE	COUNTRY
		ORIND	A	C/	94563	USA
	ORINDA VIEWIRD DDITIONAL SPACE FOR ITEM 4 (Collaboral):			-		1,000
2. A	IDDITIONAL SPACE FOR ITEM 4 (Collaboral):	recorded) in the 14. This F	DVANCING STAT	EMFMT:		
2. A	DOITIONAL SPACE FOR ITEM 4 (Collaboral): This FINANCING STATEMENT to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	□∞	vers timber to be	cut Covers as-extrac	led collaterel 🔲 le Bled	est à fluture filling
L L	DDITIONAL SPACE FOR ITEM 4 (Colleteral): This FINANCING STATEMENT is to be filed [for record] (or	□∞		cut Covers as-extrac	led collaterel [] is filed	

NAME OF FIRST-DEBTOR: Same as line 1a or 1b on Finar because individual Debtor name did not fit, check here	nding Statement; if line 16 was left blank			
184. ORGANIZATION'S NAME				
RhodlumiEncore LLC				
!	;			
R .18b. HOMOUAL'S SURVAME				
FIRST PERSONAL NAME				
. ADDITIONAL NAME(SYNITTALIS)	· · · · · · · · · · · · · · · · · · ·			
AUGITORAL NAME(SYNITIAL(S)	SUFFIX	THE ABOVE OBACE	io ean eililia acci	ioe:une:out
P. ADDITIONAL DEBTOR'S NAME: Provide only gree Deb		HE ABOVE SPACE		
104 ORGANIZATION'S NAME	the later of the control of the cont	. Hoodiy, or moorevade a	ny partor the Ceous a tr	ene)
R I S NO STATE OF STA				
196. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADOMION	al name(ŝyinitial(ŝ)	SUFFIX
Po! MALING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
D. ADDITIONAL DEBTOR'S NAME: Provide only one Deb	tor name (20a or 20b) (use exact: full name; do not omit	modify, or abbreviate a	ny part of the Debtor's o	
20s. ORGANIZATION'S NAME		•		
206. NOMOUAL'S SURNAKE	FIRST PERSONAL NAME	ADDITION	al name(symhtmal(s)	SUFFIX
TOO. BUTTEROAL S SURGEORE				<u> </u>
206. MOMOUAL'S SURNAME 06. MAILING ADDRESS	FIRST PERSONAL NAME		AL NAME(SYMPTIAL(S)	SUFFIX
C. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only one Deb	CHY	STATE	POSTAL CODE	COUNTRY
Co. MALING ADDRESS	CHY	STATE	POSTAL CODE	COUNTRY
C. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only one Deb	CHY	. modify, or abbreviate as	POSTAL CODE	COUNTRY
C. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only one Debter of the Organization's name 216. BIOMODUAL'S SURNAME	ctry	modify, or abbreviate at	POSTAL COOR ny part of the Débtor's n AL NAME(SYMTTAL(S)	country ama)
C. MALING ADDRESS ADDITIONAL' DEBTOR'S NAME: Provide only gog Debter of the control of the cont	CITY	modify, or abbreviate at	POSTAL COOE ny part of the Débtora o	COUNTRY
C. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only one Debter of the Organization's name 216. BIOMODUAL'S SURNAME	ctiv	modify, or abbreviate at	POSTAL CODE Ny part of the Dabtor's nu AL NAME(SMMTIAL(S)	country ama)
CO. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only one Debter of the Original Statement	CITY tor name (21s or 21b) (use exact, full name; do not omit. FRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S NAME	modify, or abbreviate at	POSTAL CODE Ny part of the Dabtor's nu AL NAME(SMMTIAL(S)	country supply
CO. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QOS Deby 216. ORGANIZATION'S NAME 216. INDIVIDUAL'S SURVAME IC. MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME QUE 226. ORGANIZATION'S NAME	CITY tor name (21s or 21b) (use exact, full name; do not omit. FRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S NAME	. modify, or abbreviate at ADD/MON. STATE E: Provide only one name	POSTAL CODE Ny part of the Dabtor's nu AL NAME(SMMTIAL(S)	country ama)
ADDITIONAL DEBTOR'S NAME: Provide only 2018 Debter 15. ORGANIZATION'S NAME: Provide only 2018 Debter 15. ORGANIZATION'S NAME 216. ORGANIZATION'S NAME 216. MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 222. ORGANIZATION'S NAME QRF TIGER TRUST, A TRUST FORMED	CITY TOT MINING (21st or 21b) (use exact, full carne; do not omit. FRST PERSONAL NAME CITY ASSIGNOR: SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME	ADDITION STATE E: Provide only one name	POSTAL CODE NY part of the Debtor's or AL NAME(SYNTTAL(S) POSTAL CODE (22a or 22b) AL NAME(SYNTTAL(S)	COUNTRY SUFFIX COUNTRY
CO. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only 2019 Debter 1, CRIGANIZATION'S NAME 210. INDIVIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME 220. ORGANIZATION'S NAME GRF TIGER TRUST, A TRUST FORMED 220. INDIVIDUAL'S SURNAME	FRST PERSONAL NAME CITY ASSIGNOR: SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME	ADDITIONAL STATE E: Provide only one name	POSTAL CODE AL NAME(SYMTTAL(S) POSTAL CODE AL NAME(SYMTTAL(S) POSTAL CODE POSTAL CODE	COUNTRY SUFFIX SUFFIX COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only 2019 Debter 216. ORGANIZATION'S NAME: Provide only 2019 Debter 216. ORGANIZATION'S NAME ZILL BIDMIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME OF CORP. ORGANIZATION'S SURNAME ZEA MALING ADORESS W. 30TH STREET, APT 7R	FRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME CITY NEW YORK	ADDITION STATE E: Provide only one name ADDITION STATE NY	POSTAL CODE AL HAME(SYINITIAL(S) POSTAL CODE AL NAME(SYINITIAL(S) POSTAL CODE 1000 1	COUNTRY SUFFIX COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only 202 Deb 216. ORGANIZATION'S NAME: Provide only 202 Deb 216. ORGANIZATION'S NAME ZILL BIDMIDUAL'S SURNAME ZI	FRST PERSONAL NAME CITY ASSIGNOR: SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME CITY NEW YÖRK	ADDITION STATE E: Provide only one name ADDITION STATE Provide only one name	POSTAL CODE AL HAME(SYINITIAL(S) POSTAL CODE AL NAME(SYINITIAL(S) POSTAL CODE 1000 1	COUNTRY SUFFIX SUFFIX COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only 2019 Debter 216. ORGANIZATION'S NAME: Provide only 2019 Debter 216. ORGANIZATION'S NAME ZILL BIDMIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME OF CORP. ORGANIZATION'S SURNAME ZEA MALING ADORESS W. 30TH STREET, APT 7R	FRST PERSONAL NAME CITY ASSIGNOR: SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME CITY NEW YÖRK	ADDITIONAL STATE E: Provide only one name ADDITIONAL STATE STATE NY E: Provide only one name STATE NY E: Provide only one name	POSTAL CODE AL NAME(SYMITTAL(S) POSTAL CODE (22a or 22b) AL NAME(SYMITTAL(S) POSTAL CODE 1000 1	COUNTRY SUFFIX COUNTRY COUNTRY USA
ADDITIONAL DEBTOR'S NAME: Provide only one Debter of the Conganization's name 216. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 225. ORGANIZATION'S NAME 225. ORGANIZATION'S NAME 225. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 325. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 326. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 236. ORGANIZATION'S NAME 236. ORGANIZATION'S NAME NC FAIRBAIRNIFAMILY TRUST, A TRUST	CITY TOWN INSTITUTE (21 to or 21 to) (use exact, full name; do not omit, first personal; name CITY ASSIGNOR SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME CITY NEW YORK ASSIGNOR SECURED PARTY'S NAME	ADDITIONAL STATE E: Provide only one name ADDITIONAL STATE STATE NY E: Provide only one name STATE NY E: Provide only one name	POSTAL CODE AL HAME(SYMITIAL(S) POSTAL CODE AL NAME(SYMITIAL(S) POSTAL CODE 1000 1	COUNTRY SUFFIX COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only one Debter of the Conganization's name 216. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 225. ORGANIZATION'S NAME 225. ORGANIZATION'S NAME 225. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 325. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 326. DIDITIONAL SECURED PARTY'S NAME of the Conganization's name 236. ORGANIZATION'S NAME 236. ORGANIZATION'S NAME NC FAIRBAIRNIFAMILY TRUST, A TRUST	CITY TOWN INSTITUTE (21 to or 21 to) (use exact, full name; do not omit, first personal; name CITY ASSIGNOR SECURED PARTY'S NAME UNDER THE LAWS OF NEVADA FRST PERSONAL NAME CITY NEW YORK ASSIGNOR SECURED PARTY'S NAME	ADDITION STATE ADDITION STATE E: Provide only one name ADDITION STATE NY E: Provide only one name ADDITION STATE ADDITION STATE ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION	POSTAL CODE AL NAME(SYMITTAL(S) POSTAL CODE (22a or 22b) AL NAME(SYMITTAL(S) POSTAL CODE 1000 1	COUNTRY SUFFIX COUNTRY USA

	NAME OF FIRST DEBTOR: Same as tine is or ib on Financing Stater because Individual Debtor name did not fit; check here	nent; if line 1b was left blank]:			
	184, ORGANIZATIONS NAME		ì			
	Rhodium Encore LLC					
OR.	160: PIOIVIOUAL'S SURNAME		┪			
	FIRST PERSONAL NAME		1			
	ADDITIONAL NAME(S)/INITIAL(S)	\$UFF(X	THE ABOV	ie spaci	eis for filing offi	CE:USE ONLY
10.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1	Sa or 19b) (use exact, 6d name:				
	IBS. ORGANIZATION'S NAME		or me of the manage of		327 Jan 1 414 B 2002 A 1 14	
OR	196: INDIVIDUAL'S SURMANE	FIRST PERSONAL NAME	···	Abbittio	HAL HAME(S)(INITIAL(S)	SUFFIX
19c	MALDIG ADDRESS	СПУ	<u> </u>	STATE	POSTAL CODE	COUNTRY
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	Oa or 20b) (use exact, full name;	do not amit, modify, or	abbreviate	any part of the Debtor's na	me)
	20s. ORGANIZATION'S NAME		. ••			
DR:	20b. UNOVIDUAL'8 SURNAME	FIRST PERSONAL NAME		Linerate		Lavana
		1101120000		ADUITO	NAL NAME(S)(HITIAL(8)	SUFFIX
20c.	MALING ADDRESS:	спу		STATE	POSTAL CODE	COUNTRY
	ADDITIONAL DESTOR'S NAME:, Provide only, one Debtor name (2	спу	do not omit, modify, or	STATE	POSTAL CODE	COUNTRY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Deblor name (2 21s. ORGANIZATION'S NAME	CHY Is or,21b) (use exact, full name;	do not omit modify, or	STATE	POSTAL CODE	COUNTRY
21,	ADDITIONAL DESTOR'S NAME:, Provide only, one Debtor name (2	спу	do not om!L modify, or	STATE	POSTAL CODE	COUNTRY
21, a	ADDITIONAL DEBTOR'S NAME: Provide only one Deblor name (2 21s. ORGANIZATION'S NAME	CHY Is or,21b) (use exact, full name;	do not omit, modify, or	STATE	POSTAL CODE any part of the Debtor's na	COUNTRY (me)
21, / DR:	ADDITIONAL DEBTOR'S NAME: Provide only 202 Debtor name (2 21s. Organization's hake 21s. Bidividual 9 Surhame MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME 22 AS	CITY (15 OY, 21b) (USB EXACT, full name; FIRST PERSONAL NAME		STATE ADDITIO	POSTAL CODE any part of the Debtor's na NAL NAME(SYMMTIAL(S) POSTAL CODE	COUNTRY me)
21. i 21a 21a	ADDITIONAL DEBTOR'S NAME: Provide only 1918 Debtor name (2 216. ORGANIZATION'S NAME 216. ORGANIZATION'S NAME MARING ADDRESS ADDITIONAL SECURED PARTY'S NAME ME AS 223. ORGANIZATION'S NAME NCF/EAGLE TRUST, A TRUST-FORMED UNDER	CITY Is or 21b) (use exact, full name; FRST PERSONAL NAME CITY SIGNOR SECURED PART	Y'S NAME: Provide o	STATE ADDITIO	POSTAL CODE any part of the Debtor's na NAL NAME(SYMMTIAL(S) POSTAL CODE	COUNTRY me)
21. i 21a 21a	ADDITIONAL DESTOR'S NAME: Provide only QUE Debtor name (2 216. ORGANIZATIONS NAME 216: BIDIVIDUAL 9 SURVAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME of AS 223. ORGANIZATIONS NAME	CITY Is or 21b) (use exact, full name; FRST PERSONAL NAME CITY SIGNOR SECURED PART	Y'S NAME: Provide o	ADDITION STATE	POSTAL CODE any part of the Debtor's na NAL NAME(SYMMTIAL(S) POSTAL CODE	COUNTRY me)
21. i 21a. 21a. 22a.	ADDITIONAL DESTOR'S NAME: Provide only 1918 Debtor name (2 216. ORGANIZATIONS HAME 216. BIDINIDUAL 3 SURVAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME of AS 228. ORGANIZATIONS HAME NCF/EAGLE TRUST, A TRUST FORMED UNDER 226. BIOMODUAL'S SURVAME	CITY FIRST PERSONAL NAME CITY SIGNOR SECURED PART R THE LAWS OF NEVA FRIST PERSONAL NAME	Y'S NAME: Provide o	ADDITION ADDITION STATE	POSTAL CODE NAL NAME(SYMPTIAL(S) POSTAL CODE NAL NAME(SYMPTIAL(S) POSTAL CODE POSTAL CODE	COUNTRY SUFFIX COUNTRY COUNTRY
21. d 21a 22a 22a 11	ADDITIONAL DESTOR'S NAME: Provide only pig Debtor name (2 216. ORGANIZATIONS HAME 216. BIDDIVIDUAL 9 SURVAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME of AS 226. ORGANIZATIONS HAME NCF/EAGLE TRUST, A TRUST FORMED UNDER 226. MONIDUAL'S SURVAME WALING ADDRESS W. 30TH STREET, APT 7R	CITY FIRST PERSONAL NAME CITY SIGNOR SECURED PART R THE LAWS OF NEVA FRIST PERSONAL NAME CITY NEW YORK	Y'S NAME! Provide o	ADDITIO STATE ADDITIO STATE ADDITIO	POSTAL CODE ANY PRI of the Debtor's na NAL NAME(S)ANTIAL(S) POSTAL CODE NAL NAME(S)INITIAL(S) POSTAL CODE 10001	COUNTRY SUFFEX COUNTRY
21. d 21a 22a 22a 11	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2 21s. ORGANIZATION'S NAME 21s. ORGANIZATION'S NAME MALLING ADDRESS ADDITIONAL SECURED PARTY'S NAME 22s. ORGANIZATION'S NAME NCF-EAGLE TRUST, A TRUST-FORMED UNDER 22s. DOMIDUAL'S SURVAME MALLING ADDRESS W. 30TH STREET, APT 7R ADDITIONAL SECURED PARTY'S NAME 24. ORGANIZATION'S NAME 25. ORGANIZATION'S NAME	CITY FRST PERSONAL NAME CITY SIGNOR SECURED PART R THE LAWS OF NEVA FRIST PERSONAL NAME CITY NEW YORK SIGNOR SECURED PART	Y'S NAME: Provide o DA Y'S NAME: Provide o	ADDITION STATE ADDITION STATE ADDITION STATE NY One nav	POSTAL CODE NAL NAME(SYMITIAL(S) POSTAL CODE THE (228 OF 22b) NAL NAME(SYMITIAL(S) POSTAL CODE 10001 THE (238 OF 23b)	COUNTRY SUFFIX COUNTRY COUNTRY
21. d 21a 22a 22a 11	ADDITIONAL DESTOR'S NAME: Provide only only only destor name (2 216. ORGANIZATIONS NAME 216. ORGANIZATIONS NAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME of AS 226. ORGANIZATIONS NAME NCF EAGLE TRUST, A TRUST FORMED UNDER 226. PROVIDUAL'S SURVAME WALING ADDRESS W. 30TH STREET, APT 7R	CITY FRST PERSONAL NAME CITY SIGNOR SECURED PART R THE LAWS OF NEVA FRIST PERSONAL NAME CITY NEW YORK SIGNOR SECURED PART	Y'S NAME: Provide o DA Y'S NAME: Provide o	ADDITION STATE ADDITION STATE ADDITION STATE NY NY 202 Nav	POSTAL CODE ANY PARI of the Debtor's na NAL NAME(SYMMTIAL(S) POSTAL CODE THE (22s of 22b) NAL NAME(SYMMTIAL(S) POSTAL CODE 10001 THE (23s of 23b)	COUNTRY SUFFEX COUNTRY COUNTRY USA
21. 22. 22. 22. 23.	ADDITIONAL DESTOR'S NAME: Provide only only Debtor name (2 216. ORGANIZATIONS NAME 216. ORGANIZATIONS NAME MARLING ADDRESS ADDITIONAL SECURED PARTY'S NAME 226. ORGANIZATIONS NAME NCF-EAGLE TRUST, A TRUST FORMED UNDER 226. DEDIVIDUAL'S SURVAME MARLING ADDRESS W. 30TH STREET, APT 7R Z. ADDITIONAL SECURED PARTY'S NAME 22 SA. ORGANIZATIONS NAME NINA CLAIRE FAIRBAIRN REVOCABLE TRUST; 236. DOMIDUAL'S SURNAME	FRST PERSONAL NAME CITY SIGNOR SECURED PART R THE: LAWS OF NEVA FRST PERSONAL NAME CITY NEW YORK SIGNOR SECURED PART A TRUST FORMED UN	Y'S NAME: Provide o DA Y'S NAME: Provide o	ADDITION STATE ADDITION STATE ADDITION STATE NY NY NY ADDITION STATE NY ADDITION ADDITION	POSTAL CODE ANY PARI OF the Debtor's na NAL NAME(SYNITIAL(S) POSTAL CODE 10001 THE (23s OF 23b) ALLIFORNIA VAL NAME(SYNITIAL(S)	COUNTRY SUFFEX COUNTRY USA
21. 21. 22. 22. 11. 22.	ADDITIONAL DESTOR'S NAME: Provide only 1918 Debtor name (2 216. ORGANIZATIONS NAME 216. ORGANIZATIONS NAME MARING ADDITIONAL SECURED PARTY'S NAME MARING ADDITIONAL SECURED PARTY SAME MARING AD	CITY TIS OF 21b) (USB EXACT, IAI) TRAME: FREST PERSONAL NAME CITY SIGNOR SECURED PART R THE LAWS OF NEVA FREST PERSONAL NAME CITY NEW YORK SIGNOR SECURED PART	Y'S NAME: Provide o DA Y'S NAME: Provide o	ADDITION STATE ADDITION STATE ADDITION STATE NY NY 202 Nav	POSTAL CODE ANY PARI of the Debtor's na NAL NAME(SYMMTIAL(S) POSTAL CODE THE (22s of 22b) NAL NAME(SYMMTIAL(S) POSTAL CODE 10001 THE (23s of 23b)	COUNTRY SUFFEX COUNTRY COUNTRY USA

	NAME OF FIRST DEBTOR: Same as line 1e or 1b on Financing Statement; to because individual Debtor name did not fit; check here	f line its was left blank			
.,	184 ORGANIZATION'S NAME				
	Rhodium Ericore LLC				
R	166. NOMBUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(SYMITTAL(S)	SUFFOX:		is sas su	
9.	ADDITIONAL DEBTOR'S NAME: Provide only, gag Debtor name (19e or			E IS FOR FILING OFFI any part of the Deblor's no	
1	198. ORGANIZATIONS NAME		•		
R	18P MONIDUAL'S STRWAME	FIRST PERSONAL NAME	Abomic	NAL NAME(SYNITIAL(S)	SUFFIX
9c.	MALING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
0: 4	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do not omit;	modify, or abbreviate	any part of the Debtor's na	me)
	204. ORGANIZATION'S NAME				
R	200. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADOTTIO	nal hame(synitial(s)	ŞUFFOX
	206. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIO STATE	NAL NAME(SYNITIAL(S)	SUFFEX
00a	MALING ADDRESS	спу	STATE	POSTAL CODE	COUNTRY
00a		спу	STATE	POSTAL CODE	COUNTRY
1.7	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDg Debtor name (21s or	спу	STATE modify, or abbreviate	POSTAL CODE	COUNTRY
1. /	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDB Debtor name (21s or 21s or	CITY 21b) (use exact, full name; do not omit,	STATE modify, or abbreviate	POSTAL CODE any pert of the Debtor's na	COUNTRY (me)
n R	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDg Debtor name (21s or 21s ORGANIZATION'S NAME 21b. NOWADUAL'S SURNAME MALING ADDRESS	CITY 21b) (use exact, full name; do not omit, FIRST PERSONAL NAME	state modify, or abbreviate ADDITIO	POSTAL CODE Bry, pert of the Debtor's na NAL NAME(S)/HISTIAL(S) POSTAL CODE	COUNTRY (TOUR)
n R	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDg Debtor name (218 or 21s. organization's name 21b. Nomidual's surname Maling Address ADDITIONAL SECURED PARTY'S NAME QI. ASSIGN 22s. ORGANIZATION'S NAME	CITY 21b) (use exact, full name; do not omit, FRST PERSONAL NAME CITY NOR SECURED PARTY'S NAME	modify, or abbreviate ADDITIO STATE Provide only one nar	POSTAL CODE Bry, pert of the Debtor's na NAL NAME(S)/HISTIAL(S) POSTAL CODE	COUNTRY (TOUR)
n R	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only 204 Debtor name (218 or 21s, organization's name 21b, nondoual's surname Maling address ADDITIONAL SECURED PARTY'S NAME 21 ASSIGN	CITY 21b) (use exact, full name; do not omit, FRST PERSONAL NAME CITY NOR SECURED PARTY'S NAME	modify, or abbreviate ADDITIO BTATE Provide only one nar TY COMPANY	POSTAL CODE Bry, pert of the Debtor's na NAL NAME(S)/HISTIAL(S) POSTAL CODE	COUNTRY (TOUR)
1. /R	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only 202 Debtor name (218 or 212 ORGANIZATION'S NAME 216. NOWADUAL'S SURNAME MALING ADDITIONAL SECURED PARTY'S NAME 21 ASSIGN 222, ORGANIZATION'S NAME 1 TRANSCEND PARTNERS LEGEND FUND LLC, A DE	CITY 21b) (use exact, full name; do not omit, FRST PERSONAL NAME CITY OR SECURED PARTY'S NAME ELAWARE LIMITED LIABILIT	modify, or abbreviate ADDITIO BTATE Provide only one nar TY COMPANY	POSTAL CODE NAL NAME(S)/HITTIAL(S) POSTAL CODE THE (22s or 22b)	COUNTRY SUFFIX COUNTRY
1. / R 2. 2c.	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only 202 Debtor name (21s or 21s or	CITY 21b) (use exact full name; do not omit, FRST PERSONAL NAME CITY NOR: SECURED: PARTY'S NAME ELAWARE LIMITED LIABILITY FRST PERSONAL NAME	modify, or abbreviate ADDITIO STATE Provide only one nav ADDITION	POSTAL CODE BNy pert of the Debtor's na NAL NAME(S)/HITTAL(S) POSTAL CODE THE (22s or 22b) NAL NAME(S)/HITTAL(S)	COUNTRY SUFFIX COUNTRY
200 R 200 110	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDB Debtor name (21s or 21s. Organization's name 21b. Normoual's surname MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME QL ASSIGN 22s. ORGANIZATION'S NAME TRANSCEND PARTNERS LEGEND FUND LLC, A DE 22b. INDIVIDUAL'S SURNAME MALING ADDRESS ORINDA VIEW RD ADDITIONAL SECURED PARTY'S NAME QL TI ASSIGN ADDITIONAL SECURED PARTY'S NAME QL TI ASSIGN	CITY 21b) (use exact, full name; do not omit, FIRST PERSONAL NAME CITY IOR SECURED PARTY'S NAME ELAWARE LIMITED LIABILIT FIRST PERSONAL NAME	STATE modify, or abbreviate ADDITIO STATE STATE STATE CA.	POSTAL CODE NAL NAME(SYNSTIAL(S) POSTAL CODE THE (22s or 22b) NAL NAME(SYNSTIAL(S) POSTAL CODE 94583:	COUNTRY SUFFIX COUNTRY SUFFIX COUNTRY
200 R 200 110	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDR Debtor name (21s or 21s. Organization's name 21b. Normoual's surmane MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME QL ASSIGN 22s. ORGANIZATION'S NAME 'TRANSCEND PARTNERS LEGEND FUND LLC, A DE 22b. NOVIDUAL'S SURMANE MALING ADDRESS ORINDA VIEW RD	CITY 21b) (use exact full name; do not omit, FRST PERSONAL NAME CITY NOR: SECURED: PARTY'S NAME ELAWARE LIMITED LIABILIT FRST PERSONAL NAME CITY CITY CORINDA NOR: SECURED: PARTY'S NAME	STATE modify, or abbreviate ADDITIO STATE STATE STATE CA.	POSTAL CODE NAL NAME(SYNSTIAL(S) POSTAL CODE THE (22s or 22b) NAL NAME(SYNSTIAL(S) POSTAL CODE 94583:	COUNTRY SUFFIX COUNTRY SUFFIX COUNTRY
200 R	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only 2018 Debtor name (218 or 21a, organization's name 21b. Notadoual's surname Maling address ADDITIONAL SECURED PARTY'S NAME 21 ASSIGN 22a. ORGANIZATION'S NAME MALING ADDRESS TRANSCEND PARTNERS LEGEND FUND LLC, A DE 22b. INDIVIDUAL'S SURNAME MALING ADDRESS ORINDA VIEW RD ADDITIONAL SECURED PARTY'S NAME 21 ASSIGN 21a. ORGANIZATION'S NAME	CITY 21b) (use exact full name; do not omit, FRST PERSONAL NAME CITY NOR: SECURED: PARTY'S NAME ELAWARE LIMITED LIABILIT FRST PERSONAL NAME CITY CITY CORINDA NOR: SECURED: PARTY'S NAME	STATE modify, or abbreviate ADDITIO STATE Provide only one nar STATE CA. Provide only one nar	POSTAL CODE NAL NAME(SYNSTIAL(S) POSTAL CODE THE (22s or 22b) NAL NAME(SYNSTIAL(S) POSTAL CODE 94583:	COUNTRY SUFFIX COUNTRY COUNTRY
1. / R 2c. 10	MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only QDg Debtor name (21s or 21s. Organization's name 21b. Normoual's surmane MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME QL ASSIGN 22s. ORGANIZATION'S NAME TRANSCEND PARTNERS LEGEND FUND LLC, A DE 22b. NORMOUAL'S SURMANE MALING ADDRESS ORINDA VIEW RD ADDITIONAL SECURED PARTY'S NAME QL ASSIGN 22s. ORGANIZATION'S NAME VALLEY HIGHLP, A NEVADA LIMITED PARTNERS!	CITY 21b) (use exact, full name; do not omit, FIRST PERSONAL NAME CITY IOR:SECURED: PARTY'S NAME ELAWARE LIMITED LIABILIT FIRST PERSONAL NAME CITY CORINDA IOR:SECURED: PARTY'S NAME	STATE modify, or abbreviate ADDITIO STATE Provide only one nar STATE CA. Provide only one nar	POSTAL CODE BNy pert of the Debtor's na NAL NAME(SYNGTIAL(S) POSTAL CODE THE (22s or 22b) POSTAL CODE 94563: THE (23e or 23b)	COUNTRY SUFFIX COUNTRY COUNTRY USA

	NAME OF FIRST DEBTOR: Same as line to or 1b on Financing State because individual Debtor name did not fit, check here	ement; if line 16 was left blår	nk				
	184 ORGANIZATION'S NAME			1		•	
	Rhodium Encore LLC			Ė			
R							
<i>,</i> ,,	185. DIOMOUAL'S SURNAME			1			
	FIRST PERSONAL NAME	.+OI	_	1			
	ADDITICHAL MAKE(SYDHITIAL(S)	SUI	FFIX	THE ARON	FE SDACI	: 18 FOR FILING OFF	ICE HEE OM
9.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(19a or 19b) (use exact hill	name: do				
	19a. ORGANIZATION'S NAME	(100)			DD0.012.0	any part or are propose an	
ж							
~	196. WDIVIOUAL'S SURNALIE	FIRST PERSONAL	NAME		ADDITIO	nal name(synitial(s)	SUFFEX
90	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
۵.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(20a or 20h) (use exect fidi	name: do	nol amit modify or	-labbrerelate	any part of the Deblor's o	amel:
ļ	20L ORGANIZATION'S NAME	,			OCO TIBLO		
R.	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME		ADDITIO	nal hame(synnthal(s)	SUFFUX
	206. HOMOUAL'S SURNAME MARING ADDRESS	FIRST PERSONAL	NAME		ADDITIO	NAL HAME(SYNITIAL(S)	SUFFEX
			iwie				
20a.	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only time Debtor name	CHY		nol ömit; medily, or	STATE	POSTAL CODE	COUNTRY
20a.	MAD ING ADDRESS	CHY		not örnit modify, ör	STATE	POSTAL CODE	COUNTRY
20a	MALDIG ADDRESS ADDITIONAL: DESTOR'S NAME: Provide only, <u>one</u> Debtor name (21s, ORGANIZATION'S NAME	CffY (21a or 21b) (use exact, full	name; do	not omit: modify, or	STATE	POSTAL CODE eny part of the Debtor's n	COUNTRY amé).
1.	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only time Debtor name	CHY	name; do	not örnit: modify, ör	STATE	POSTAL CODE	COUNTRY
20c	MALDIG ADDRESS ADDITIONAL: DESTOR'S NAME: Provide only, <u>one</u> Debtor name (21s, ORGANIZATION'S NAME	CffY (21a or 21b) (use exact, full	name; do	not čirnit: modify, čir	STATE	POSTAL CODE eny part of the Debtor's n	COUNTRY amé).
20c	MALING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (21s. ORGANIZATION'S NAME 21s. INDIVIDUAL'S SURVAME MAILING ADDRESS	CITY (21st or 21b) (use exact, full of FRST PERSONAL CITY	name; do i		STATE ADDITION STATE	POSTAL CODE ENY PART of the Debtor's IN NAL MAKE(SYNITIAL(S) POSTAL CODE	COUNTRY amé).
11. 21c	MALING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only one Debtor name (21s. ORGANIZATION'S NAME 21s. INDIVIDUAL'S SURVAME MAILING ADDRESS	CITY [21st or 21b] (Use exact, full of the personal of the pe	name; do i		STATE ADDITION STATE	POSTAL CODE ENY PART of the Debtor's IN NAL MAKE(SYNITIAL(S) POSTAL CODE	COUNTRY amé).
20c.	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only <u>one</u> Debtor name (21s, organization's name) 21s, organization's name 21s, individual's surmane MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME of ADDITIONAL SECURED PARTY SECURED PA	CITY 21a or 21b) (use exact, full of FRST PERSONAL CITY SSIGNOR: SECURED:	name; do		ADDITION STATE	POSTAL CODE BRY PART of the Deblor's IN NAL NAME(SYMMTIAL(S) POSTAL CODE THE (22s or 22b)	COUNTRY SUFFEX
20c	MADITIONAL DESTOR'S NAME: Provide only one Debtor name (27s. ORGANIZATION'S NAME ZID. INDIVIDUAL'S SURMANE MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME (2)	CITY [21st or 21b] (use exact, full of personal of the person	name; do		ADDITION STATE	POSTAL CODE ENY PART of the Debtor's IN NAL MAKE(SYNITIAL(S) POSTAL CODE	COUNTRY amé).
70	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only <u>one</u> Debtor name (21s, organization's name) 21s, organization's name 21s, individual's surmane MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME of ADDITIONAL SECURED PARTY SECURED PA	CITY 21a or 21b) (use exact, full of FRST PERSONAL CITY SSIGNOR: SECURED:	name; do		ADDITION STATE	POSTAL CODE BRY PART of the Deblor's IN NAL NAME(SYMMTIAL(S) POSTAL CODE THE (22s or 22b)	COUNTRY SUFFEX COUNTRY
20c	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only goe Debtor name (21s. ORGANIZATION'S NAME 21b. HOWDUAL'S SURBAME MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME RE A. A. CREANIZATION'S NAME 22b. GROWNDUAL'S SURNAME CUELLINAN. MALING ADDRESS	CITY 21a or 21b) (use exact, full of the personal of the pe	name; do		ADDITION STATE	POSTAL CODE NAL NAME(SYNTIAL(S) POSTAL CODE THE (228 OF 225) VAL HAME(SYNTIAL(S)	COUNTRY SUFFIX COUNTRY COUNTRY
20c.	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only goe Debtor name (21s. ORGANIZATION'S NAME 21b. HOWDUAL'S SURBAME MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME REPORTED PARTY'S NAME REPORT	CITY 21a or 21b) (use exact, full of personal of the personal	name; do	S NAME: Provide o	ADDITION STATE	POSTAL CODE BRY part of the Debtor's in NAL NAME(SYBRITIAL(S) POSTAL CODE THE (228 OF 22b) VAL HAME(SYBRITIAL(S) POSTAL CODE 92253	COUNTRY SUPPLY COUNTRY
20c.	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only goe Debtor name (21s, ORGANIZATION'S NAME 21b. HOMOUAL'S SURVAME MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME RE A. 22c. ORGANIZATION'S NAME 22b. BROWDUAL'S SURVAME CULTUMAN MALING ADDRESS MALING ADDRESS 495 MOUNTAIN VIEW DRIVE	CITY 21a or 21b) (Use exact, full of the personal of the pe	name; do	S NAME: Provide o	ADDITION STATE	POSTAL CODE BRY part of the Debtor's in NAL NAME(SYBRITIAL(S) POSTAL CODE THE (228 OF 22b) VAL HAME(SYBRITIAL(S) POSTAL CODE 92253	COUNTRY SUFFIX COUNTRY COUNTRY
200 1	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only gots Debtor name (21s, Organization's name) 21s. ROMODUAL'S SURVAME MAILING ADDRESS MAILING ADDRESS 22s. ORGANIZATION'S NAME 22s. ORGANIZATION'S NAME CUELLINAN MALDIG ADDRESS 495 MOUNTAIN VIEW DRIVE ADDITIONAL SECURED PARTY'S NAME 21s. ORGANIZATION'S NAME 21s. ORGANIZATION'S NAME	CITY SSIGNOR: SECURED: FRST PERSONAL CITY SSIGNOR: SECURED: LA QUINTA SSIGNOR: SECURED	NAME PARTY:	S NAME: Provide o	STATE ADDITION STATE ADDITION STATE ADDITION CA STATE	POSTAL CODE NAL NAME(SYNITIAL(S) POSTAL CODE THE (228 OF 226) VAL HAME(SYNITIAL(S) POSTAL CODE 92253 THE (238 OF 236)	COUNTRY SUPPOX COUNTRY SUPPOX COUNTRY
20. R: 20.	MADING ADDRESS ADDITIONAL DESTOR'S NAME: Provide only goe Debtor name (21s. ORGANIZATION'S NAME 21b. HOWDUAL'S SURBAME MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME REPORTED PARTY'S NAME REPORT	CITY 21a or 21b) (Use exact, full of the personal of the pe	NAME PARTY:	S NAME: Provide o	STATE ADDITION STATE ADDITION STATE ADDITION CA STATE	POSTAL CODE BRY part of the Debtor's in NAL NAME(SYBRITIAL(S) POSTAL CODE THE (228 OF 22b) VAL HAME(SYBRITIAL(S) POSTAL CODE 92253	COUNTRY SUFFIX COUNTRY COUNTRY
20c R: 2c. 568	MADDITIONAL DESTOR'S NAME: Provide only total Debtor name (21s, Organization's Name 21b. Homodual's survivale MALING ADDRESS	CITY SSIGNOR: SECURED: FIRST PERSONAL FIRST PERSONAL BRIAN CITY LA QUINTA SSIGNOR: SECURED:	NAME PARTY:	S NAME: Provide o	STATE ADDITION STATE ADDITION STATE ADDITION CA STATE	POSTAL CODE NAL NAME(SYNITIAL(S) POSTAL CODE THE (228 OF 226) VAL HAME(SYNITIAL(S) POSTAL CODE 92253 THE (238 OF 236)	COUNTRY SUPPOX COUNTRY SUPPOX COUNTRY

NAME OF FIRST DEBTOR: Same as line to or to or	Financing Statement, if line 1b was left blank				
because Individual Deblor name did not fit, check her					
18a ORGANIZATION'S NAME					
Rhodium Encore:LLC					
180. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(SYMITTAL(S)	SUFFE		8PÁCI	IS FOR FILING OFFI	CE ÜSE ON
ADDITIONAL DEBTOR'S NAME: Provide only or	e Debtor hame (16s or 18b) (use exact, full ne				
194: ORGANIZATION'S NAME					
196; INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	nal name(synitial(s)	SUFFEX
I. MALING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
Sharman PERTANG MAIN IN		'	<u> </u>		
ADDITIONAL DEBTOR'S NAME: Provide only or ZOL ORGANIZATIONS NAME	<u>18</u> Debior name (202 or 205) (use exact, bul na	me; do not oma, moday, or abi	previate	any part of the Debtor's na	ine)
20b. INDIVIDUAL'S SURNAME					
EAR WEST INCHES CONTRACT	FIRST PERSONAL NA	WE	ADDITIO	nal name(s)Anttal(s)	SUFFLX
. MALING ADDRESS	FRST PERSONAL NA	WE	ADDITIO STATE	POSTAL CODE	COUNTRY
. MALING ADDRESS	CITY	1	STATE	POSTAL CODE	COUNTRY
	CITY	1	STATE	POSTAL CODE	COUNTRY
. MALING ADDRESS ADDITIONAL DEBTOR'S NAME: Provide only on	CITY	me; do not omit, modify, or abi	STATE breviate	POSTAL CODE	COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only on Prov	CITY G Oeblor, name (21s or 21b) (use exact, full na	me; do not omit, modify, or abl	STATE breviate	POSTAL CODE any part of the Deblor's na	COUNTRY (me)
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organization's name 21st individual's surname	PERSONAL HA	me; do not omit, modify, or abl	STATE Dreviale ADDITIO	POSTAL CODE any part of the Deblor's na NAL NAME(S)ANTTIAL(S) POSTAL CODE	(COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organizations name 21st individual's burname	PERSONAL HA	me; do not omit, modify, or abl	STATE Dreviale ADDITIO	POSTAL CODE any part of the Deblor's na NAL NAME(S)ANTTIAL(S) POSTAL CODE	(COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organizations name 21st individual's surname MALING ADDITIONAL SECURED PARTY'S NAME	PERSONAL HA	me; do not omit, modify, or abl	STATE ADDITIO STATE One na	POSTAL CODE any part of the Deblor's na NAL NAME(S)ANTTIAL(S) POSTAL CODE	COUNTRY (SUFFEX
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organization's name 21st individual's surname MALING ADDITIONAL SECURED PARTY'S NAME 22st individual's surname	CITY CONTRACT PERSONAL NA CITY ASSIGNOR SECURED PA	me; do not omit, modify, or abi	STATE ADDITIO STATE One na	POSTAL CODE BNY, part of the Deblor's na NAL NAME(S/ANTRAL(S)) POSTAL CODE TO (22a or 22b) NAL NAME(S/ANTRAL(S))	COUNTRY SUFFIX SUFFIX
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organization's name 21st individual's surname MALING ADDRESS ADDITIONAL SECURED PARTY'S NAME 22st organization's name 22st individual's surname 23st organization's name 3CHWARZ	CITY CITY C	me; do not omit, modify, or abi	STATE ADDITIO	POSTAL CODE NAL NAME(S)ANTTIAL(S) POSTAL CODE THE (22a OF 22b) NAL NAME(S)ANTTIAL(S)	COUNTRY COUNTRY COUNTRY COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organization's name 21st individual's surname MALING ADDRESS	CITY GOODIOT, Name (21s or 21b) (use exact, full participation of 21c) (use exact, full partici	me; do not omit, modify, or abl ME ARTY'S NAME: Provide only	STATE ADDITIO	POSTAL CODE AL NAME(S/ANTHALIS) POSTAL CODE TO (22a or 22b) NAL NAME(S/ANTHALIS) POSTAL CODE 60028	COUNTRY SUFFIX COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only of 21st organization's name 21st individual's Eurname 21st individual's Eurname 22st ADDITIONAL SECURED PARTY'S NAME 22st organization's name 22st individual's Eurname 22st individual's Eurname 22st individual's Eurname 32st organization's name 23st organization's name	FRST PERSONAL NA CITY ASSIGNOR'SECURED PA FRST PERSONAL NA PAUL CITY GLENVIEW ASSIGNOR SECURED PA	ME ARTY'S NAME: Provide only ARTY'S NAME: Provide only	STATE ADDITIO	POSTAL CODE AL NAME(S/ANTHALIS) POSTAL CODE TO (22a or 22b) NAL NAME(S/ANTHALIS) POSTAL CODE 60028	COUNTRY SUFFIX COUNTRY COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only of the organization's name 216: ORGANIZATION'S NAME 216: INDIVIDUAL'S SURNAME : MALING ADDRESS X: ADDITIONAL SECURED PARTY'S NAME 226: ORGANIZATION'S NAME 226: UNDIVIDUAL'S SURNAME SCHWARZ LUALING ADDRESS 576 KITTYHAWK LN X ADDITIONAL SECURED PARTY'S NAME	FRST PERSONAL NA CITY ASSIGNOR'SECURED PA FRST PERSONAL NA PAUL CITY GLENVIEW ASSIGNOR SECURED PA	ME ARTY'S NAME: Provide only ME ARTY'S NAME: Provide only	STATE ADDITIO STATE STATE L SOR ner	POSTAL CODE AL NAME(S/ANTHALIS) POSTAL CODE TO (22a or 22b) NAL NAME(S/ANTHALIS) POSTAL CODE 60028	COUNTRY COUNTRY SUFFEX COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only on the order of the organizations name 21b; individual's surname MALING ADDITIONAL SECURED PARTY'S NAME 22b; individual's surname 22b; individual's surname 22b; individual's surname 22b; individual's surname 32b; individual's surname 32b; individual's surname 32b; individual's surname 345 PARTNERS; SPV2 LLC, A CALII 23b; individual's surname	FRST PERSONAL NA PAUL CITY GLENVIEW ASSIGNOR SECURED PA GLENVIEW FRST PERSONAL NA PAUL CITY GLENVIEW FRST PERSONAL NA PAUL CITY GLENVIEW FRST PERSONAL NA FRST PERSONAL NA FRST PERSONAL NA FRST PERSONAL NA	ME ARTY'S NAME: Provide only ME ARTY'S NAME: Provide only ME	STATE ADDITIO STATE L One name ADDITIO STATE L One name ADDITIO	POSTAL CODE ANAL NAME(SYMPTHALIS) POSTAL CODE THE (22s or 22b) NAL NAME(SYMPTHALIS) POSTAL CODE 60028 THE (23s or 23b)	COUNTRY SUFFIX COUNTRY COUNTRY USA
ADDITIONAL DEBTOR'S NAME: Provide only of Party's name 216: ORGANIZATION'S NAME 216: INDIVIDUAL'S SURNAME 216: INDIVIDUAL'S SURNAME 226: INDIVIDUAL'S SURNAME 326: ORGANIZATION'S NAME 326: ORGANIZATION'S NAME 326: ORGANIZATION'S NAME 326: ORGANIZATION'S NAME 327: ORGANIZATION'S NAME 327: ORGANIZATION'S NAME 328: ORGANIZATION'S NAME	FRST PERSONAL NA CITY ASSIGNOR SECURED PA FRST PERSONAL NA PAUL CITY GLENVIEW ASSIGNOR SECURED PA FORNÍA LIMITED LIABILITY COM	ME ARTY'S NAME: Provide only ME ARTY'S NAME: Provide only ME	STATE ADDITIO STATE STATE L SOR ner	POSTAL CODE NAL NAME(S)ANTTIAL(S) POSTAL CODE TO (22a or 22b) NAL NAME(S)ANTTIAL(S) POSTAL CODE 60026 TO (23a or 23b)	COUNTRY SUFFIX COUNTRY COUNTRY COUNTRY

Ь	ME OF FIRST DEBTOR: Same as line 1a or 1b on Fin cause Individual Debtor name did not fit; check here	ancing Statement; if line 1b was it]	nt blank	1			
ſ	84. ORGANIZATION'S NAME						
}	Rhodium Encore LLC): :			
ŀ	8D: INDIVIDUAL'S SURNAME						
ŀ	FIRST PERSONAL NAME			1			
ŀ	ADDITIONAL NAME(SYMITTAL(S)		SUF≠IX				
+	POTANIA DEDTOBIC NAME, B		1 4 0 h do -			IS FOR FILING OFFI	
	DITIONAL DEBTOR'S NAME: Provide only one De Ba: ORGANIZATION'S NAME	splor name (198 or 195) (use exe	X, full neme; do n	ol omil, modily, or abbri	oviate i	any part of the Debtor's ru	itte).
₽	BL: UNDIVIDUAL'S SURNAME	FIRST PERS	ONAL RAME	TA	DOITIO	VAL NAME(SYNITIAL(S)	SUFFIX
	MALING ADDRESS						
F. 1	MITTING ADDICESS	CITY		5	VATE	POSTAL CODE	COUNTRY
	DITIONAL DEBTOR'S NAME: Provide only one De	btor name (20a or 20b) (use exa	t, full name; do n	of envit, modify, or abbre	eviate i	iny part of the Debtor's na	me)
	OD. ORGANIZATION'S NAVE	· -					
4	05. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	A	DONTION	IAL NAME(S)MOTIAL(S)	SUFFIX
0c. 1	ALING ADORESS	спу		s'	TATE	POSTAL CODE	COUNTRY
	DDITIONAL DEBTOR'S NAME: Provide only, one De	ablor name (21s or 21b) (use exac	t; full name; do n	ot omit, modify, or abbre	viate i	sny part of the Deblor's na	me)
ſ	1±; ORGANIZATION'S NAME	ablor name (21s or 21b) (use exac	t; full name; do n	ot omit, modify, or abbru	eviate i	my part of the Debtor's na	me)
ſ		· · · · · · · · · · · · · · · · · · ·	t; full name; do n Onal name		_	any part of the Debtor's na	me) SUFFIX
	1±; ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	-	A	_		
Fic. I	15. ORGANIZATION'S NAME 15. INDIVIDUAL'S SURNAME ALLING ADDRESS: 1. ADDITIONAL SECURED PARTY'S NAME (6)	FIRST PERS	onal havie	(A)	DOTTION	VAL NAME(SYMITIAL(S) POSTAL CODE	SUFFIX
1c. 1	15. ORGANIZATION'S NAME 15. INDIVIDUAL'S SURNAME ALING ADDRESS:	FIRST PERSONNESSECUL	ONAL HAME	S NAME: Provide only o	DOTTION	VAL NAME(SYMITIAL(S) POSTAL CODE	SUFFIX
Ric. I	15. ORGANIZATION'S NAME 15. INORVIDUAL'S SURNAME ALLING ADDRESS: ADDITIONAL SECURED PARTY'S NAME 22. ORGANIZATION'S NAME 2	CITY ASSIGNOR SECUI	ONAL HAME	61 NAME: Provide only g DRNIA	PATE :	VAL NAME(SYMITIAL(S) POSTAL CODE	SUFFIX
ic i	IL ORGANIZATION'S NAME TO INDIVIDUAL'S SURNAME ALIMG ADDRESS: ADDITIONAL SECURED PARTY'S NAME 22. ORGANIZATION'S NAME KINTZ FAMILY TRUST, A TRUST FORI	CITY ASSIGNOR SECUI	ONAL HAME RED PARTY'S S OF CALIFO	NAME: Provide only o	PATE :	VAL NAME(SYMITTAL (S) POSTAL CODE: 100 (22a or 22b)	SUFFIX
R 2. D	IL ORGANIZATION'S NAME THE INDIVIDUAL'S SURNAME ARLING ADDRESS: ADDITIONAL SECURED PARTY'S NAME & 22. ORGANIZATION'S NAME KINTZ FAMILY TRUST, A TRUST FORI 23. INDIVIDUAL'S SURNAME	FIRST PERS CITY ASSIGNOR: SECUL MED UNDER THE LAW FIRST PERS CITY SANIDIE	ONAL HAME RED PARTY'S S OF CALIFO	S NAME: Provide only &	DOTTION	POSTAL CODE: AL HAME(SYNTTIAL(S) POSTAL CODE POSTAL CODE 92122	SUFFIX
2 2 2 2 3 3 0 1 5	IL ORGANIZATIONS NAME THE INDIVIDUAL'S SURNAME ALLING ADDRESS: ADDITIONAL SECURED PARTY'S NAME (2) 28. ORGANIZATIONS NAME KINTZ FAMILY TRUST, A TRUST FORI 28. INDIVIDUAL'S SURNAME ALLING ADDRESS	ASSIGNOR SECUL MED UNDER THE LAW: FRIST PERS	ONAL HAME RED PARTY'S S OF CALIFO	S NAME: Provide only &	DOTTION	POSTAL CODE: AL HAME(SYNTTIAL(S) POSTAL CODE POSTAL CODE 92122	SUFFIX COUNTRY SUFFIX COUNTRY
R 2c. 1	IL ORGANIZATIONS NAME TO INDIVIDUAL'S SURNAME ALLING ADDRESS: ADDITIONAL SECURED PARTY'S NAME (2) 20. ORGANIZATIONS NAME KINTZ FAMILY TRUST, A TRUST FORI 20. INDIVIDUAL'S SURNAME ALLING ADDRESS D AGEE ST ADDITIONAL SECURED PARTY'S NAME (2)	FIRST PERS CITY ASSIGNOR: SECUL MED UNDER THE LAW FIRST PERS CITY SANIDIE	ONAL NAME RED PARTY'S S OF CALIFO ONAL NAME GO RED PARTY'S	S NAME: Provide only g	TATE :	POSTAL CODE: AL HAME(SYNTTIAL(S) POSTAL CODE POSTAL CODE 92122	SUFFIX COUNTRY SUFFIX COUNTRY
R 2. 2	IL ORGANIZATION'S NAME THE INDIVIDUAL'S SURNAME ARLING ADDRESS: ADDITIONAL SECURED PARTY'S NAME & 22. ORGANIZATION'S NAME KINTZ FAMILY TRUST, A TRUST FORI 23. INDIVIDUAL'S SURNAME ARLING ADDRESS D AGEE ST ADDITIONAL SECURED PARTY'S NAME & 34. ORGANIZATION'S NAME	ASSIGNOR SECUL MED UNDER THE LAW: FRIST PERS CITY SANIDIE ASSIGNOR SECUL	ONAL HAME RED PARTY'S ONAL HAME GO RED PARTY'S	S NAME: Provide only g	TATE :	POSTAL CODE AL NAME(SYNTTAL(S) AL NAME(SYNTTAL(S) POSTAL CODE 92122 16 (23a or 23b)	SUFFIX SUFFIX COUNTRY
2 2 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 1 3 3 3 1 3	IN PROVIDUAL'S SURNAME ALLING ADDRESS: ADDITIONAL SECURED PARTY'S NAME & 22. ORGANIZATION'S NAME KINTZ FAMILY TRUST, A TRUST FOR EALING ADDRESS ALLING ADDRESS D AGEE ST ADDITIONAL SECURED PARTY'S NAME & 23. ORGANIZATION'S NAME & 24. ORGANIZATION'S	ASSIGNOR SECUL MED UNDER THE LAW FREST PERS CITY SANIDIE ASSIGNOR SECUL FREST PERS	ONAL HAME RED PARTY'S ONAL HAME GO RED PARTY'S	NAME: Provide only of DRNIA.	TATE :	POSTAL CODE AL NAME(SYNTTAL(S) AL NAME(SYNTTAL(S) POSTAL CODE 92122 16 (23a or 23b)	SUFFIX SUFFIX COUNTRY

 NAME OF FIRST DEBTOR: Same as line to or to on Finance because Individual Debtor name did not fit, check here: 	ing Statement, if line 1b was left blank			
IBE ORGANIZATION'S NAME	:			
Rhodium Encore LLC	7)			
R 186. Individual's Surname				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYMITTAL(S))	SUFFEX	THE ADOME ORACE	to EDD EIL ING DEE	ipe lige ami)
9. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	r name (19a or 19b) (use exact. full name; do no	THE ABOVE SPACE		
19st ORGANIZATION'S NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
R 100-100-000 IAI SE SEISMANS		·		
196/INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMÉ	ADDITION	iai name(s)(initiai(s)	SUFFIX
9c, MARDIO ADDRESS	CitA	STATE	POSTAL CODE	COUNTRY
D. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	r name (20a or 20b) (use exact, full namer do no	omit modify or abbanista a	ny nart of the Debins n	Ima)
20s: ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	ry part of the occur of	
20b: INDIVIDUAL'S SURNAME	•			
	t FIRST PERSONAL NAME	I ADDITION	AI-NAMEISMINITIALIS	SUPPLY
stat. Internoval 5 controlle	FIRST PERSONAL NAME	ADDITION	AL NAMEJBYNTTIAL(S)	SUFFIX
	FRST PERSONAL NAME	STATE	POSTAL CODE	COUNTRY
OC. WARING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL DEBTOR'S NAME: Provide only 200 Debto 21a. ORGANIZATION'S NAME	CITY	STATE	POSTAL CODE	COUNTRY
OC MAILING ADDRESS I. ADDITIONAL DEBTOR'S NAME: Provide only 200 Debto 21s. ORGANIZATION'S NAME	CITY	STATE:	POSTAL CODE	COUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only one Debto 21s. Organization's Name 21b. Individual's Surname	CITY r name (21s or 21b) (use exact, full name; do no	STATE Orrst, modify, or abbreviate a	POSTAL CODE ny part of the Debtor's no	COUNTRY
1. ADDITIONAL DEBTOR'S NAME: Provide only, gae Debto 21st Organization's Name 21st Individual's Surhame	CITY r name (21s or 21b) (use exact, full name; do no FRST PERSONAL NAME CITY	Omit, modify, or abbreviate a	POSTAL CODE ny part of the Debtor's ni AL HAME(S)HRITIAL(S) POSTAL CODE	COUNTRY sme)
1. ADDITIONAL DEBTOR'S NAME: Provide only, 2019 Debto 21s. ORGANIZATION'S NAME 21s. INDIVIDUAL'S SURVAME 11s. MARLING ADDITIONAL SECURED PARTY'S NAME 22s. ORGANIZATION'S NAME WILKINS-DUIGNAN, 2009 REVOCABLE T.	CITY FRITE (21s or 21b) (use exact, full name; do not FRIST PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S	Orrit, modify, or abbreviate a ACOITION STATE NAME: Provide only one name	POSTAL CODE ny part of the Debtor's nu AL HAME(S)HHITIAL(S) POSTAL CODE (22a or 22b)	COUNTRY sme)
DE MALING ADDRESS I. ADDITIONAL DEBTOR'S NAME: Provide only 2019 Debto 216. ORGANIZATION'S NAME 216. INDIVIDUAL'S SURMANE 12. MALING ADDRESS I. ADDITIONAL SECURED PARTY'S NAME 21. 228. ORGANIZATION'S NAME WILKINS-DUIGNAN, 2009 REVOCABLE T.	CITY FRITE (21s or 21b) (use exact, full name; do not FRIST PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S	STATE ADDITION STATE NAME: Provide only one name I THE LAWS: OF CAL	POSTAL CODE ny part of the Debtor's nu AL HAME(S)HHITIAL(S) POSTAL CODE (22a or 22b)	COUNTRY sme)
DEBTOR'S NAME: Provide only 200 Debtor 21s. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME L. MARLING ADDRESS L. ADDITIONAL SECURED PARTY'S NAME 20: 22s. ORGANIZATION'S NAME WILKINS-DUIGNAN. 2009 REVOCABLE TO 22s. PROVIDUAL'S SURNAME	CITY FRET PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S RUST, A TRUST FORMED UNDER	ADDITION STATE NAME: Provide only one name L THE LAWS OF CAL	POSTAL CODE NY part of the Debtor's nu AL NAME(SYMMTTAL(S) FOSTAL CODE (22a or 22b)	COUNTRY SUFFIX COUNTRY
OC. MARLING ADDRESS I. ADDITIONAL DEBTOR'S NAME: PROVIde only 2019 Debtor 21s. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME 1c. MARLING ADDRESS 2. ADDITIONAL SECURED PARTY'S NAME 21: ORGANIZATION'S NAME 22b. ORGANIZATION'S NAME WILKINS-DUIGNAN: 2009 REVOCABLE T. 22b. UNDIVIDUAL'S SURNAME	CITY FRAT PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S RUST, A TRUST FORMED UNDER	ADDITION STATE NAME: Provide only one name L THE LAWS OF CAL	POSTAL CODE AL NAME(S)/HRITIAL(S) POSTAL CODE (22a or 22b) JFORNIA AL NAME(S)/HRITIAL(S)	COUNTRY SUFFIX SUFFIX
ADDITIONAL DEBTOR'S NAME: PROVIDE ONLY 2002 Debto 216: ORGANIZATION'S NAME 216: INDIVIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME 223: ORGANIZATION'S NAME WILKINS: DUIGNAN: 2009 REVOCABLE TO 223: ORGANIZATION'S NAME WILKINS: DUIGNAN: 2009 REVOCABLE TO 223: ORGANIZATION'S SURNAME C. MALING ADDRESS C. MALING ADDRESS CO BOX 7278	CITY FIRST PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S FIRST PERSONAL NAME CITY CITY CITY CITY CITY CITY CITY CITY	ADDITION STATE NAME: Provide only one name R. THE LAWS OF CAL ADDITION STATE CA	POSTAL CODE AL NAME(S)INITIAL(S) POSTAL CODE (22a or 22b) IFORNIA AL NAME(S)INITIAL(S) POSTAL CODE	COUNTRY SUFFIX COUNTRY COUNTRY
DESTOR'S NAME: PRIVIDE ONLY 200 Debto 21s. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURVAME 22b. INDIVIDUAL'S SURVAME 22c. ORGANIZATION'S NAME WILKINS-DUIGNAN. 2009 REVOCABLE TO 22b. INDIVIDUAL'S SURVAME	CITY FRET PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S FRET PERSONAL NAME CITY BERKELEY ASSIGNOR: SECURED: PARTY'S	ADDITION STATE NAME: Provide only one name L THE LAWS OF CAL ADDITION STATE CA NAME: Provide only one name	POSTAL CODE AL NAME(S)/INITIAL(S) POSTAL CODE (22a or 22b) IFORNIA AL NAME(S)/INITIAL(S) POSTAL CODE 94707 94734 or 23b)	COUNTRY SUFFIX COUNTRY COUNTRY
C. MALING ADDRESS I. ADDITIONAL DEBTOR'S NAME: PRIVIDE ONLY 2019 Debtor 216: ORGANIZATION'S NAME 216: INDIVIDUAL'S SURNAME II. MALING ADDRESS II. MALING ADDRESS II. MALING ADDRESS II. ZZE: ORGANIZATION'S NAME WILKINS: DUIGNAN: 2009 REVOCABLE TO 226: DROWDUAL'S SURNAME II. MALING ADDRESS RO BOX 7278 IX. ADDITIONAL SECURED PARTY'S NAME 21 226: ORGANIZATION'S NAME 226: ORGANIZATION'S NAME	CITY FRET PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S FRET PERSONAL NAME CITY BERKELEY ASSIGNOR: SECURED: PARTY'S	STATE ACOITION STATE NAME: Provide only one name LTHE LAWS: OF CAL ADDITION STATE CA NAME: Provide only one name OTD 02/05/98; AS: AM	POSTAL CODE AL NAME(S)/INITIAL(S) POSTAL CODE (22a or 22b) IFORNIA AL NAME(S)/INITIAL(S) POSTAL CODE 94707 94734 or 23b)	COUNTRY SUFFIX COUNTRY COUNTRY
1. ADDITIONAL DEBTOR'S NAME: Provide only 200 Debto 21a. ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURMANE 21b. INDIVIDUAL'S SURMANE 22b. ORGANIZATION'S NAME 22a. ORGANIZATION'S NAME WILKINS-DUIGNAN: 2009 REVOCABLE TO 22b. ORGANIZATION'S NAME	FRST PERSONAL NAME CITY ASSIGNOR: SECURED: PARTY'S FRST PERSONAL NAME CITY BERKELEY ASSIGNOR: SECURED: PARTY'S CITY BERKELEY BERKELEY UB: REVOCABLE: LIVING TRUST I	STATE ACOITION STATE NAME: Provide only one name LTHE LAWS: OF CAL ADDITION STATE CA NAME: Provide only one name OTD 02/05/98; AS: AM	POSTAL CODE INV part of the Debtor's number	SUFFIX SUFFIX COUNTRY USA

because Individual Debtor name did not tit, check here	ni; if line 1b was left blank		
184 ORGANIZATION'S NAME			
Rhodium Encore:LLC			
R :TRO: INDIVIDUAL'S SURMANE			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SYNITIAL(S)	SUFFIX	iE AROJE SDÁČE IO CÓD CIL INO OCCICO II	ee ow v
B. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a		E ABOVE SPACE IS FOR FILING OFFICE U	SE ONL
194 ORGANIZATION'S NAME	to rough water the name to not oute.	rivery, or environments any part of the Debox 3 name)	
R 186. INDIVIDUAL'S SURNAME	FIRST PERSONAL HAME	ADDITIONAL NAME(SYNITIAL(S)	JFRX .
9: MALING ADDRESS	СПУ	STATE POSTAL CODE	OUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20h) (use exact, full name: do not omit :	positive or observation may part of the Calumia came)	
20s. ORGANIZATION'S HAME	an aboy (and ander, the family, and factorist,	sony, or account any part of the copion a training	_
R 206. INDIVIDUAL 19 SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYNITIAL(S)	JFFIX
DI: MAILING ADDRESS	CITY	STATE POSTAL CODE C	OUNTRY
ADDITIONAL DEBTOR'S NAME: Provide only pne Debtor name (21a	or 21b) (use exact; full name; do not omit,	nodify, or abbreviate any part of the Debtor's name)	
21s. ORGANIZATION'S NAME			
215. ROWIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYNTTIAL(S)	JFF(X
I. MALINO ADORESS	CITY	STATE POSTAL CODE CO	DUNTRY
ADDITIONAL SECURED PARTY'S NAME & ASSI	GNOR SECURED PARTY'S NAME	Provide only one name (22s or 22b)	
1	FIRST PERSONAL NAME	ADOITIONAL NAME(\$)/INITIAL(\$)	IFFIX
Z25. INDIVIDUAL'S SURMAINE FÜLLERTÖN	RICHARD	ľ	
FÜLLERTÖN E MAILING ADORESS	RICHARD	1 i i	DUNTRY
FÜLLERTÖN E WALING ADDRESS 1047 FILLMORE STREET	RICHARD CITY SAN FRANCISCO	CA 94123 L	DUNTRY ISA
FÜLLERTÖN 2: MAILING ADGRESS 3047 FILLMORE: STREET	RICHARD	CA 94123 L	•
FÜLLERTÖN E MALING ADORESS 3047 FILEMORE: STREET. L ADDITIONAL: SECURED PARTY'S NAME of ASSI	RICHARD CITY SAN FRANCISCO	CA 94123 L Provide only <u>prie</u> name (23a or 23b)	•

EXHIBIT A

"Debtor" shall mean Rhodium Encore LLC

The Collateral shall consist of:

- (A) "Inventory" which means and includes all of Debtor'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 Debtor'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 Debtor'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) "General Intangibles" which means and includes all of Debtor's now owned or hereafter acquired general intangibles as said term is defined in the Uniform Commercial Code including, without limitation, trademarks, tradenames, tradestyles, trade secrets, equipment formulation, manufacturing procedures, quality control procedures, product specifications, patents, patent applications, copyrights, registrations, contract rights, choses in action, causes of action, corporate or other business records, inventions, designs, goodwill, claims under guarantees, licenses; franchises, tax refunds, tax refund claims, computer program flow diagrams, source codes, object codes and all other intangible property of every kind and nature:
- (D) "Receivables" which means and includes all of Debtor's now owned or hereafter acquired accounts and contract rights, instruments, insurance proceeds, documents, chattel paper, letters of credit and Debtor'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 Debtor, all proceeds thereof and all files in which Debtor has any interest whatsoever containing information identifying or pertaining to any of Debtor's Receivables, together with all of Debtor's rights to any merchandise which is represented thereby, and all Debtor's right, title, security and guaranties with respect to each Receivable, including, without limitation, all rights of stoppage in transit, replevin and reclamation and all rights as an unpaid vendor;
- (E) All books, records, ledger cards, files, correspondence, computer programs, tapes, disks and related data processing software (owned by Debtor or in which it has an interest) which at any time evidence or contain information relating to (A), (B), (C) and (D) above or are otherwise necessary or helpful in the collection thereof or realization thereupon;
- (F) All of Debtor's right, title and interest in and to all goods and other property, whether or not delivered;

- (G) 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), (E) and (F) above or otherwise;
- (H) Intentionally Omitted.
- (I) (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 secured party for the account of Debtor (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 Debtor with secured party 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
- (J) All products and proceeds of (A), (B), (C), (D), (E), (F), (G), (H) and (I) above (including, but not limited to, all claims to items referred to in (A), (B), (C), (D), (E), (F), (G), (H) and (I) above) and all claims of Debtor 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), (G), (H) and (I) above and (iii) proceeds payable under, or unearned premiums with respect to policies of insurance in whatever form.