

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>MARGEE WALL (314) 505-8800</b>  |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>margee.wall@nortonrosefulbright.com</b>  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><b>NORTON ROSE FULBRIGHT US LLP</b><br/> <b>7676 FORSYTH BOULEVARD, SUITE 2230</b><br/> <b>ST. LOUIS, MISSOURI 63105</b><br/> <b>ATTN: MARGEE WALL</b></p> </div> |

Delaware Department of State  
 U.C.C. Filing Section  
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**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|  |                          |                           |                               |                             |
|--|--------------------------|---------------------------|-------------------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME<br><b>EPPS BRIDGE DEFEASANCE TRUST, DST</b>    |                          |                           |                               |                             |
| OR   | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME       | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 1c. MAILING ADDRESS<br><b>1209 Orange Street, Wilmington, DE 19801</b> |                          | CITY<br><b>Wilmington</b> | STATE<br><b>DE</b>            | POSTAL CODE<br><b>19801</b> |
|  |                          |                           | COUNTRY<br><b>USA</b>         |                             |

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

|                         |                          |                     |                               |             |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME |                          |                     |                               |             |
| OR                      | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 2c. MAILING ADDRESS     |                          | CITY                | STATE                         | POSTAL CODE |
|                         |                          |                     | COUNTRY                       |             |

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|  |                          |                             |                               |                             |
|--|--------------------------|-----------------------------|-------------------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME<br><b>OCONEE COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY</b> |                          |                             |                               |                             |
| OR   | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME         | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>23 N. Main Street, P.O. Box 145</b>                    |                          | CITY<br><b>Watkinsville</b> | STATE<br><b>GA</b>            | POSTAL CODE<br><b>30677</b> |
|  |                          |                             | COUNTRY                       |                             |

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

**ALL ASSETS OF THE DEBTOR INCLUDING, WITHOUT LIMITATION, CONTRACT RIGHTS, LEASES, ACCOUNTS, GENERAL INTANGIBLES, AND BOOKS AND RECORDS.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

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

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

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

Agricultural Lien     Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:  
**EPPS Bridge Defeasance Trust, DST - DE SOS - 1001161311**