	FINANCING STATEMENT w instructions					
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
				FILING OFFICE USE ON		
	BTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name me will not fit in line 1b, leave all of item 1 blank, check here and provide the			• •		
	1a. ORGANIZATION'S NAME PSNH Funding LLC 3					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX	
1c. 780	MAILING ADDRESS N. Commercial Street	CITY Manchester	STATE NH	POSTAL CODE 03101	COUNTRY USA	
2. DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's						
nan	ne will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME	Individual Debtor Information in Item 10 of the Fi	nancing Statement Add	dendum (Form UCC1Ad)		
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	ADDITIONAL NAME(S)/INITIAL(S)		
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 The Bank of New York Mellon, as Indenture Trustee						
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	RST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. 101	MAILING ADDRESS Barclay Street, 7 West	CITY New York	STATE NY	POSTAL CODE 10286	COUNTRY USA	
4. COLLATERAL: This financing statement covers the following collateral: All assets of the Debtor, whether now owned or hereafter acquired, including, without limiting the foregoing, all RRB Property (as defined in New Hampshire RSA 369-B:2, XV) created pursuant to the Finance Order issued by the New Hampshire Public Utilities Commission to Public Service Company of New Hampshire on January 30, 2018 (Order No. 26,099), Docket No. 17- 096.						
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 . Ch	neck <u>only</u> if applicable and check <u>only</u> one box.	6b.	6b. Check only if applicable and check only one box			
	Public-Finance Transaction Manufactured-Home Transaction A	Debtor is a Transmitting Utility	tting Utility Agricultural Lien Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor						
8. OPTIONAL FILER REFERENCE DATA: File with the Delaware Secretary of State						