UCC FINANCING STATEMENT AMENDMENT	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [Opponal]	
B. SEND ACKNOWLEDGMENT TO: [Name and Address]	
Delaware Corporate Services Inc. PO Box 1076 Wilmington, DE 19899-1076	
<u></u>	
THE ABOVE SPACE IS FOR FILING OFFICE 18. INITIAL FINANCING STATEMENT FILE* 009782 Filed 5/13/02	
COG7 62 FIRED 5/13/02 to be fixed (for record for ESTATE RECORDS.	corded) in the REAL
2. TERMINATION: Effectiveness of the Financing Statement, identified above is terminated with respect to security interest(s) if the Secured Party authorizing this Termination 5	
3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable law.	3
4. ASSIGNMENT (full or partial): Give name of assignoe in item 7a or 7b and uddress of assigner v item 7c; and also give name of assignor in item 9.	***
5. AMENDMENT (PARTY INFORMATION): This amendment affectsOebior_ orSecured Party of record. Check only one of these two boxes. Also check one of the following lines covide appropriate information in items 6 and/or 7. CHANGE name and/or address: Grivi current record traine in item 5a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) it from 7c. DELETE name: Give record name	m 7a or 7b. and also
6. CURRENT RECORD INFORMATION:	s 70-70 (H applicable)
Post Offices Associates, LLC	
98 56. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
OR 75. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY
76 TAX ID #: SSN DR EIN ADDILINFO RE 76. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 70. ORGANIZATIONAL ID # 4 800	_
NOT REQUIRED IN ORGANIZATION PHODE ISLAND DESTOR	NONE
8. AMENDMENT (COLLATERAL CHANGE): chock only gog box. Describe coffered	
P. NAME OF SECURED BADTY OF DECOMP ANTHONY	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of sasyonor, if this an Assignment). If this is an Amendment authorized by collatical or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DESTOR authorizing this Amendment.	Beblor which adds
OR LaSalle Bank National Association, as Trustee of the Bedford Capital Trust 2001-1	
OR LEGISTE DETR NAME FIRST NAME MIDDLE NAME MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA 2298-RI SOS	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

UNIFORM COMMERCIAL CODE SECTION 148 W. River St., Providence RI 02904-2615

(401) 222-3040

REFUSAL OF A UCC RECORD PRESENTED FOR FILING

Date and time the record would have been filed, had it been accepted: **GENERAL** ☐ The record has not been communicated by a method or medium authorized by this filing office. 9-516(b)(1) ☐ An amount at least equal to the filing fee was not submitted. 9-516(b)(2) ☐ Filing office is unable to read or decipher the information. 9-516(c)(1) INITIAL FINANCING STATEMENT AMENDMENT OR CORRECTION STATEMENT ☐ Failure to provide the names of the debtor. 9-☐ Failure to identify a file number of an initial 516(b)(3)(i) financing statement to which it relates. ☐ Failure to indicate whether the debtor is an 9-516(b)(3)(ii)(A) individual or an organization. 9-516(b)(5)(ii) ☐ Identifies an initial financing statement for which ☐ If identified as an individual, failure to provide the effectiveness has lapse. 9-516(b)(3)(ii)(B) last name of the debtor. 9-516(b)(3)(iii) Continuation ☐ If identified as an organization, failure to provide ☐ Failure to file within the six-month window prior to organizational information for the debtor. lapse. 9-516(b)(7) o a type of organization 9-516(b)(5)(A) Assignment o a jurisdiction of organization 9-516(b)(5)(B) ☐ Failure to provide a name for the assignee. 9-516(b)(6) o an organization ID# or an indication that the ☐ Failure to provide a mailing address for the assignee. debtor has none 9-516(b)(5)(C) 9-516(b)(6) ☐ Failure to provide a mailing address of the debtor. Amendment of Party Information 9-516(b)(5)(i) New Debtor ☐ Failure to provide a name for the secured party. ☐ Failure to indicate whether the debtor is an 9-516(b)(4) individual or an organization. 9-516(b)(5)(ii) ☐ Failure to provide a mailing address for the secured ☐ If identified as an individual, failure to provide the party. 9-516(b)(4) last name of the debtor. 9-516(b)(3)(iii) ☐ In case of an assignment reflected on an initial \square If identified as an organization, failure to provide financing statement, failure to provide a name for organizational information for the debtor. the assignee. 9-516(b)(6) o a type of organization 9-516(b)(5)(A) ☐ In case of an assignment reflected on an initial o a jurisdiction of organization 9-516(b)(5)(B) financing statement, failure to provide a mailing o an organizational ID# or an indication that the address for the assignee. 9-516(b)(6) debtor has none 9-516(b)(5)(C) ☐ Failure to provide a mailing address for the debtor. 9-516(b)(5)(i) New Secured Party □ Failure to provide name for the secured party. ☐ Failure to provide a mailing address for the secured party. 9-516(b)(4)