CC FINANCING STATEMENT AMENDMENT DLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) DCC@ncscredit.com RI SOS SEND ACKNOWLEDOMENT TO: (Name and Address) NCS UCC Services Group PO Box 24101 Cleveland, OH 44124 USA (800) 826-5256 INSTRUCTIONS (Front Instructions) AND REAL SETATE RECORDS THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS THE COUNTY OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR	he
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ADD name: Complete item 7ao 7b, and also give name of assigner in regards to be deleited in item 6a of 6b. SEND ACKNOWLEDGMENT TO: (Name and Address) NCS UCC Services Group PO Box 24101 Cleveland, OH 44124 USA (800) 826-5256 INTIAL FINANCING STATEMENT FILE # 0 9 6 2 8 0 5 / 0 7 / 2 0 0 2 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party	he
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CURRENT RECORD INFORMATION.	
Sa. ORGANIZATION'S NAME	
Exeter Appliance Service First NAME MIDDLE NAME SUI	FFIX
OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME	
CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
	JFFIX
75. INDIVIDUAL'S LAST NAME	
c MAILING ADDRESS CITY STATE POSTAL CODE CO	DUNTRY
75 HIRISDICTION OF ORGANIZATION 79, ORGANIZATIONAL ID#, If any	
ADUL INFO RE 76. TYPE OF ORGANIZATION TO STANDARD TO S	Пм
DEBTOR	
B. AMENDMENT (COLLATERAL CHANGE); check only one box. Describe collateral description, or describe collateral assigned.	
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Divided sollateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME	
Frigidaire Financial Corporation	UFFIX
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	
10.OPTIONAL FILER REFERENCE DATA UCC# 762032 Exeter Appliance Service	