. NAME & PHONE OF CONTACT A 1-888-427-871						
3. SEND ACKNOWLEDGEMENT TO						
JOHN DEERE UCC DEPART P.O. BOX 663 JOHNSTON, I	TMENT					
L		THE ABOVE SPA	CE IS FOR	FILING OFFICE USE ONLY		
INITIAL FINANCING STATEMENT FILE # FILE NBR: 200400966900 DATE: 27JAN04			1b. Thi			
		s terminated with respect to security interest(s) or e with respect to security interest(s) of the Secur				
continued for the additional pe	eriod provided by applicable law.	e with respect to security interest(s) of the Secur	ed Pany aut	norizing this Continuation Sta	itement is	
		address of assignee in item 7c, and also give na	me of assign	or in item 9.		
	ATION): This Amendment affects Debto	<u>1l</u> '	one of these	two boxes.		
CHANGE name and/or address	oxes and provide appropriate information in ite is: Give current record name in item 6a ir 6b;	also give new 🖚 DELETE name: Give record		DD_name: Completed item	7a or 7b, and	
CURRENT RECORD INFORMA	n 7a or 7b and/or new address (if address chan TION:	nge) in item 7c. 1 to be deleted in item 6a or 6	O [f	em 7c; also completed items	. 7d - 7g (if ap	
6a. ORGANIZATION'S NAME						
F.F.V. INC						
6b. INDIVIDUAL'S LAST NAME	-	FIRST NAME	MIDDL	E NAME	SUFFIX	
CHANGED (NEW) OR ADDED I	NFORMATION:					
7a. ORGANIZATION'S NAME					7	
75. INDIVIDUAL'S LAST NAME		FIRST NAME	Luppi	MIDDLE NAME SUFFIX		
70. INDIVIDUALS LAST NAME		FINOS INMINE	MIDDE	ENAME	SUFFIX	
L MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR	
2 AMHERST ST		PROVIDENCE	RI	02909	USA	
	LINFO RE 7e. TYPE OF ORGANIZATION	71 JURISDICTION OF ORGANIZATION RI		GANIZATIONAL ID #, if any		
AMENDMENT (COLLATERAL CHA	ANGE): check only one box,			·	. Maria	
Jescribe collateral 🔲 deleted or 🕻	added, or give entire 🔲 restated collateral	description, or describe collateral assigned.				
NAME OF SECURED PARTY OF f	RECORD AUTHORIZING THIS AMENDMENT TO Debtor, of if this is a Termination authorized	(name of assignor, if this is an Assignment). If			btor which	
NAME OF SECURED PARTY OF Foods collateral or adds the authorizing a ORGANIZATION'S NAME	RECORD AUTHORIZING THIS AMENOMENT ng Debtor, of if this is a Termination authorized			endment authorized by a De authorizing this Amendment	btor which	
9a ORGANIZATION'S NAME DEERE & COM	ng Debtor, of if this is a Termination authorized				btor which	
adds collateral or adds the authorizing	ng Debtor, of if this is a Termination authorized		of DEBTOR		btor which SUFFIX	