	C FINANCING STATEMENT AMENDMEN	т			
	LOW INSTRUCTIONS (front and back) CAREFULLY JAME & PHONE OF CONTACT AT FILER [optional]				
_	END ACKNOWN EDGMENT TO Managed Address	<u></u>			
٦	END ACKNOWLEDGMENT TO: (Name and Address)				
		l l			
	DAVID F MARCOTTE				
	19 QUARRY RD BRADFORD, RI 02808				
	2				
					61 11 17
	NITIAL FINANCING STATEMENT FILE#	THE ABOVE S	1b. Th	OR FILING OFFICE USE IS FINANCING STATEMENT	AMENDMEN
•	0502231140 FILED:4/18/2005			be filed [for record] (or record AL ESTATE RECORDS.	led) in the
	TERMINATION: Effectiveness of the Financing Statement identified above in	141			
Ĺ	CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law.	we with respect to security interest(s) of the Secu	ed Party auth	iorizing this Continuation Sta	tement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	of assignor in	item 9.	
/	<u></u>	ebtor or Secured Party of record. Check only			
A	Iso check one of the following three boxes and provide appropriate information in i			name: Complete item 7a or 7b,	and also item
	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 8a or 8b.	also	complete items 7e-7g (if applica	and also item ible).
(CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME				
	<u></u>				
?	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
_	MARCOTTE	DAVID	F		
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		•		
•		FIRST NAME	MIDDLI	ENAME	SUFFIX
?	7b. INDIVIDUAL'S LAST NAME				
		СПУ	STATE	IPOSTAL CODE	COUNTE
	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	спу	STATE	POSTAL CODE	COUNTR
	MAILING ADDRESS SEEINSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION	CITY 7f. JURISDICTION OF ORGANIZATION		POSTAL CODE	COUNTR
	MAILING ADDRESS				
,	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only gne box.	7f, JURISDICTION OF ORGANIZATION	7g. OR		
	MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f, JURISDICTION OF ORGANIZATION	7g. OR		
	AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater. DESTRACKER TARGA 17SC BUJ17454J405	7f, JURISDICTION OF ORGANIZATION	7g. OR		
000	AMELING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATIO	7f, JURISDICTION OF ORGANIZATION	7g. OR		
000	AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater. DESTRACKER TARGA 17SC BUJ17454J405	7f, JURISDICTION OF ORGANIZATION	7g. OR		
000	AMELING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATIO	7f, JURISDICTION OF ORGANIZATION	7g. OR		
000	AMELING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATIO	7f, JURISDICTION OF ORGANIZATION	7g. OR		
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000	AMELING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATIO	7f, JURISDICTION OF ORGANIZATION	7g. OR		
000	ADD'L INFO RE ORGANIZATION ORGA	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned AENDMENT (name of assignor, if this is an Assign	7g. OR	SANIZATIONAL ID #, if any	
000	ADD'L INFO RE ORGANIZATION ORGA	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned AENDMENT (name of assignor, if this is an Assign	7g. OR	GANIZATIONAL ID #, if any	
ii.	ADD'L INFO RE ORGANIZATION OEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Obscribe collateral deleted or added, or give entire restated collateral of MERCURY 90 ELPTO 18025134 OS TRACKER TARGA 17SC BUJ17454J405 OS TRAILSTAR 4TM12CE1X5B001281	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned AENDMENT (name of assignor, if this is an Assign	7g. OR	SANIZATIONAL ID #, if any is an Amendment authorized norizing this Amendment.	
2.0 2.0 2.0	ADD'L INFO RE ORGANIZATION ORGA	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned assigned assigned assigned assigned assigned assigned by a Debtor, check here and enter name of Debtor, check here and enter name of Debtor.	7g. OR od.	SANIZATIONAL ID #, if any is an Amendment authorized norizing this Amendment.	