

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

TD Banknorth, N.A.
 Attn: Tara Bisson (Small Business)
 PO Box 1377
 Lewiston, ME 04243

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE: 200401027330 2/25/04 SOS, RI

1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

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

3. CONTINUATION. Effectiveness of the Financing Statement identified above with respect to security interest(s) of the secured party authorizing this Continuation Statement is continued for the additional period applicable by law

4. 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.

5. AMENDMENT (PARTY INFORMATION). The amendment affects Debtor or Secured Party of record. Check only one of these two boxes

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7:

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 6a or 6b.

ADD name. Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable)

6. CURRENT RECORD INFORMATION

6a ORGANIZATION'S NAME
Lemieux & Son Construction Co Inc

OR

6b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d SEE INSTRUCTIONS ADDITIONAL INFORMATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
 Describe collateral deleted or added, or given entire restated collateral description, or describe collateral assigned

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 Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by Debtor, check here and enter name of DEBTOR authorizing Amendment.

9a ORGANIZATION'S NAME
TD BANKNORTH, N.A., f/k/a BANKNORTH, NA

OR

9b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

50-5370041867-0 1/25/2007 Karen Caron