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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) carefully

A. NAME & PHONE OF CONTACT AT FILER [optional] Shawn J Brown, 401-846-4478
B. SEND ACKNOWLEDGEMENT TO: (Name & Address) Tax Collector Town of Middletown 350 East Main Rd Middletown, RI 02842

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 200704528930	1b. This FINANCING STATEMENT AMENDMENT IS to be filed <input type="checkbox"/> [for record] (or recorded) in the REAL ESTATE RECORDS
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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 provided by applicable 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 assignee in item 9

5. AMENDMENT (PARTY INFORMATION): This 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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c
 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 7d-7g, (if applicable)

6. CURRENT RECORD INFORMATION

OR

6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	

7. CHANGED (NEW) OR ADDED INFORMATION:

OR

7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	USA
7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box:
Describe collateral deleted or added, or give 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 a Debtor which adds collateral 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

OR

9a. ORGANIZATION'S NAME Town of Middletown Tax Collector				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA
Mark Emerick