* U C C 3 *				
UCC FINANCING STATEMENT AMENDMEN	IT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	 1			
CATHERINE CHIPPIS EXT 405				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
DOMESTIC BANK				
815 RESERVOIR AVENUE				
CRANSTON, RI 02910				
∟				
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SP		R FILING OFFICE US FINANCING STATEMEN	
FILED ON 7/6/2005 @ 10:30AM DOCUMENT #	200502504730		e filed [for record] (or rec LL ESTATE RECORDS.	orded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is			·	
 CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. 	ve with respect to security interest(s) of the Secure	c Party autho	irizing this Continuation S	tatement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a				
 AMENDMENT (PARTY INFORMATION): This Amendment affects Del Also check one of the following three boxes and provide appropriate information in it 	btor or Secured Party of record. Check only tems 6 and/or 7.	one of these t	wo boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)			D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]				
0.0				
Gb. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION NOT REQUIRED IN ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	 	<u> </u>
RHODE ISLAND DEBTOR				NON
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral	al description, or describe collateral Hassigned			
ONE CHAMPION MODEL:SC864-C				
Serial Number : 07-00-864-11627A/B Year 2	2000			
WITH ALL PERSONAL PROPERTY INCOR	RPORATED THEREIN OR	USED	IN	
CONNECTION THEREWITH INCLUDING, I				
ELECTRICAL, PLUMBING AND SANITARY				
SUBSTITUTIONS, REPLACEMENTS AND I FOREGOING. ALL LOCATED AT 19 KELLY			r ine	
. ORLOGING. ALL LOGATED AT 18 NELL	LANGE, OUVERINT, INTO	2010		

98. ORGANIZATION'S NAME
DOMESTIC BANK
9b. INDIVIDUAL'S LAST NAME

10.0PTIONAL FILER REFERENCE DATA ROBERTA A EDDY

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.

FIRST NAME

MIDDLE NAME

SUFFIX