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	L				THE ABOVE SPACE	IS FOR F	LING OFFICE USE	ONLY				
1a. IN	TIAL FINANCING	STATEMENT FILE	<del> </del>				FINANCING STATEMENT					
20	0502295160						e filed [for record] (or record ATE RECORDS.	led) in the REAL				
2. 📝	TERMINATION: E	fectiveness of the Financ	ing Statement identified above is ten	minated with res	pect to security interest(s) if the Securi	ed Party authori	ring this Termination Statem	ent.				
		Effectiveness of the Finational period provided by a		h respect to secu	rily interest(s) of the Secured Party au	thorizing this C	onlinuation Statement is					
4. 🔲	ASSIGNMENT (full	or partial): Give name of	assignee in item 7a or 7b and addre	ss of assignee in	item 7c; and also give name of assign	nor in item 9.						
5. AM	ENDMENT (PART	Y INFORMATION):	This amendment affects Debtor	or Secured	Party of record. Check only one of the	ese two boxes.						
Also	check <u>one</u> of the follow	ving three boxes <u>and</u> prov	ride appropriate information in items f	3 and/or 7.								
			ord name in item 6a or 6b; also give ew address (if address change ) in ite		DELETE name: Give record name to be deleted in item 6a or 6b.		name: Complete item in 7a 7c; also complete items 7d					
	RENT RECORD											
	sa. ORGANIZATION'S	NAME										
QR -	6b. INDIVIDUAL'S LAST NAME			FIRST NAM	FIRST NAME		MIDDLE NAME					
		R ADDED INFORMA	ATION:									
	A. ORGANIZATION'S	a. ORGANIZATION'S NAME										
QB	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX				
7c. MAI	LING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY				
7d TAY	ID #: SSN OR EIN	ADD'L INFO RE	7e. TYPE OF ORGANIZATION	75 11/0/00/0	TION OF ODO ANIZATION	75 0004	IZATIONAL ID #, if any	1				
NO	REQUIRED IN	ORGANIZATION DEBTOR	76. THE OF OHGANIZATION	77. JURISDIC	CTION OF ORGANIZATION	7g. ORGA	RZATIONAL ID #, IF any	NONE				
		ATERAL CHANGE)	check only one box.	.1		· ·	· · · · · · · · · · · · · · · · · · ·	<del></del>				
Des	eribe collateral 🔲 de	leted or added,	or give entire restated collat	eral description,	or describe collateral assigned	l.						
9. NA collater	ME OF SECURED at or adds the authorizing	PARTY OF RECOR	O AUTHORIZING THIS AME	NDMENT (na neck here 🔲 an	me of assignor, if this an Assignment). d enter name of DEBTOR authorizing	. If this is an An this Amendmen	nendment authorized by a D	lebtor which adds				
	a. ORGANIZATION'S	NAME										
QR	Small Busin	ess Loan Fun	d Corporation				T					
	9b. INDIVIDUAL'S LAS	TNAME		FIRST NAM	E	MIDDLE N	AME	SUFFIX				
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ucc	FINANCI	ING STATE	MENT AMENDME	NT					
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B. SE	ND ACKNOWLEDGE	MENT TO: [Name an	d Address]						
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	tial financing 0502295160	STATEMENT FILE#	•			_ to b	e filed (for record) (or record ATE RECORDS.		
_		factionage of the Financi	ng Statement, identified above is tam	ningled with res	pect to security interest(s) if the Secure			nent	
(32)	TETIMINATION: E	- Industrial and the state of t	ng Clasement (Behilined above is form	milated was 163	Joon to Society vice control	ar arry admion	trig the termination and	——————————————————————————————————————	
		Effectiveness of the Finan ional period provided by a		respect to secu	rity interest(s) of the Secured Party aut	thorizing this Co	ontinuation Statement is		
4. 🔲 /	ASSIGNMENT (full	l or partial): Give name of	assignee in item 7a or 7b and addres	ss of assignee in	item 7c; and also give name of assign	or in item 9.			
			This amendment affects Debtor ide appropriate information in items 6		Party of record. Check only one of the	ese two boxes			
	CHANGE name and/or	address: Give current rec	ord name in item 6a or 6b; also give i ew address (if address change ) in ite	new [	DELETE name: Give record name to be deleted in item 6a or 6b.		name: Complete item in 7a 7c; also complete items 7d		
	RRENT RECORD								
	a. ORGANIZATION'S	NAME							
QB -				FIRST NAME		T MIDDLE NAME		SUFFIX	
	6b. INDIVIDUAL'S LAST NAME		MIDDLE NAME			SUFFIX			
7 CH	ANGED /NEW) O	R ADDED INFORMA	TION:	1				<u> </u>	
	7a. ORGANIZATION'S								
OR									
	7b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
7c MAI	LING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
	ID #: SSN OR EIN	ADD'L INFO RE	7e. TYPE OF ORGANIZATION	7f. JURISDK	CTION OF ORGANIZATION	7g. ORGAI	NIZATIONAL ID #, if any		
	T REQUIRED IN ODE ISLAND	ORGANIZATION DEBTOR				NONE			
		ATERAL CHANGE)							
Des	cribe collateral de	eleted or added,	or give entire restated collate	eral description,	or describe collateral assigned.				
9. NA	ME OF SECURED	PARTY OF RECOP	D AUTHORIZING THIS AME	NDMENT (n	ame of assignor, if this an Assignment).	If this is an Ar	nendment authorized by a C	Debtor which adds	
collater	al or adds the authoriz	ing Debtor, or if this is a To	ermination authorized by a Debtor, ch	eck here 🔲 ar	d enter name of DEBTOR authorizing	this Amendmer	ıl.		
9a. ORGANIZATION'S NAME									
OR	Small Business Loan Fund Corporation			EIDOT NAME		MIDDLE NAME		SUFFIX	
	9b. INDIVIDUAL'S LAS	ST NAME		FIRST NAM	IE	MIDDLE	IANE	JULLIA	
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