UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	NT				
A. NAME & PHONE OF CONTACT AT FILER [optional]]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
CHARLES CARROLL					
6 SCARBOROUGH ROAD	ļ				
PAWTUCKET RI 02861					
<u> </u>					
1a. INITIAL FINANCING STATEMENT FILE # (For filings with the Registry of Deads i	in Maine, please provide the bo o	THE ABOVE SP		OR FILING OFFICE US	
FILING # 200704522550 FILED 1/16/2007 @ RI SOS	·, ,		to	be filed [for record] (or record) AL ESTATE RECORDS.	rded) in the
2. X TERMINATION: Effectiveness of the Financing Statement identified above in	s terminated with respect to sec	urity interest(s) of the			tion Statement
CONTINUATION: Effectiveness of the Financing Statement identified abortional for the additional period provided by applicable law.	ve with respect to security inte	rest(s) of the Secured	Party auth	orizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del	btor or Secured Party of	and also give name of record. Check only or			
Also check one of the following three boxes and provide appropriate information in it	tems 6 and/or 7.				
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). 6. CURRENT RECORD INFORMATION: (For filings with the Registry of	o give new) in item 7c. DELETE na to be delete	me: Give record name of in item 6a or 6b.	LI ite	DD name: Complete item 7 m 7c; also complete items	7d 7a (if applicable
6. CURRENT RECORD INFORMATION: (For filings with the Registry of 6a. ORGANIZATION'S NAME	of Deeds in Maine, Item 10	0 must provide cur	rent debto	r information, not item (3)
OR 6b. INDIVIDUAL'S LAST NAME					
CARROLL	CHARLES		MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	***************************************				
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGA	ANIZATION	Zn ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR		,	g. Orto	THE KNOWAL ID #. II ally	Пиои
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					IVOIVI
Describe collateral deleted or added, or give entire restated collatera	I description, or describe colla	iteral assigned.			
2005 YAMAHA RX1ERLTR45 SNOMOBILE					
VIN: JYE8FV0065A003365					
NAME OF SECURED BARTY OF BEAGED ANY LODGE					
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENIC adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Definition of The Community of T			his is an Am authorizing	endment authorized by a Del this Amendment.	otor which
9a. ORGANIZATION'S NAME CHITTENDEN BANK PO BOX 820 BURLINGTON VT 0540 9b. INDIVIDUAL'S LAST NAME					
SHAKS	FIRST NAME MICHAEL		MIDDLE N	IAME	CHECK
10. OPTIONAL FILER REFERENCE DATA (For filings with the Registry of Deeds in Maine		phtosists	Р		SUFFIX
Name of Current Debtor(s): 1259350	r, nem 10 must provide cument de	eproninformation)			-
1259350					