		EMENT AMENDM back) CAREFULLY	ENT				
A. NAME & PHONE OF							
Christine Hill B. SEND ACKNOWLEDG							
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WEBSTE		ional Association	F .				
	er Road ain, CT 06053						
Mail Stop	•						
l <u>L</u>			11				
1a. INITIAL FINANÇING	S STATEMENT EILE		THE ABOVE SPA		FILING OFFICE L		
015111	3 STATEMENT FILE			to	the financing Statem to be filled [for record] (or re STATE RECORDS.		
2. TERMINATION: E	Effectiveness of the Finan	cing Statement Identified above is ter	minated with respe	ct to security interest(s) if the Se	cured Party author	orizing this Termination St	itement.
 CONTINUATION: continued for the add 	Effectiveness of the Final	ancing Statement identified above wit applicable law.	h respect to securit	ly interest(s) of the Secured Party	authorizing this	Continuation Statement is	
4. ASSIGNMENT (fu	ll or partial): Give name o	f assignee in item 7a or 7b and addre	es of assignee in it	em 7c; and also give name of as	sigлог in item 9.		
		This amendment affects Debtor		arty of record. Check onto one o	f those two boys	······································	
				arty or receits. Gillack Oray total o	I THESE TWO DONE	5.,	
CHANGE name and/or	r address: Give current re	vide appropriate information in items (cord name in item 6a or 6b; also give	new [DELETE name: Give record name	e ∏ Al	DD name: Complete item	n 7a or 7b, and also
name (if name change) in item 7a or 7b and/or in INFORMATION:		new [e ∏ Al		n 7a or 7b, and also 37d-7g (if applicable
6. CURRENT RECORD) in item 7a or 7b and/or in INFORMATION:	cord name in item 6a or 6b; also give	new [DELETE name: Give record name	e ∏ Al	DD name: Complete item	n 7a or 7b, and also 7d-7g (if applicable
name (if name change) in item 7a or 7b and/or i) INFORMATION: NAME	cord name in item 6a or 6b; also give	new [DELETE name: Give record name	e ∏ Al	DD name: Complete item im 7c; also complete item	n 7a or 7b, and also 3 7d-7g (if applicable
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7. CHANGED (NEW) O 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND 8. AMENDMENT (COLL	INFORMATION: INFORMATION: INAME ST NAME R ADDED INFORMATION ST NAME ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE	cord name in Item 6a or 6b; also give new address (if address change) in it ATION: 7e. TYPE OF ORGANIZATION : check only one box.	FIRST NAME FIRST NAME CITY 71. JURISDICTION	DELETE name: Give record name to be deleted in item 6a or 6b.	MIDDLE MIDDLE STATE 79. ORGA	DD name: Complete item im 7c; also complete item NAME POSTAL CODE	SUFFIX SUFFIX COUNTRY
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