· · · · · · · · · · · · · · · · · · ·					
UCC FINANCING STATEMENT AMENDMI	ENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional] CAROL (978) 684-5236					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
DOGUGGIAN C MODDIG	_				
BOGHOSIAN & MORRIS ATTN: UCC FILING	1				
45 HAVERHILL STREET					
ANDOVER MA 01810					
		THE ABOVE SPA		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE#			to be	FINANCING STATEMENT filed [for record] (or record	
016392 12/23/2002 2. TERMINATION: Effectiveness of the Financing Statement identified ab		anustry interpolation of the C		L ESTATE RECORDS.	on Statement
	·				
3. X CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to security in	relear(s) of the Sechled (any adino	nzing this Continuation Sta	tternent is
4. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b	and address of assignee in item 7	c: and also give name of a	ssignar in i	em 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		of record. Check only one			
Also check one of the following three boxes and provide appropriate information	_ []	. —	_		
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address of	b; also give new DELETE	name: Give record name eted in item 6a or 6b.	AD	O name: Complete item 7a n 7c; also complete items 7:	or 7b, and also
CURRENT RECORD INFORMATION:	ISTRACTION CONTRACTOR	or of the state of		TO COMPLETE ROLLS	o Ta (II applioapto)
6a. ORGANIZATION'S NAME					
OR GE MADDIVIDUAL OF LACT MARKE					1
66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	IAME	SUFFIX
			<u> </u>		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	Į				
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION	N 7f. JURISDICTION OF O	RGANIZATION	7g. ORG/	NIZATIONAL ID#, if any	•
DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated or	oliateral description, or describe of	collateral assigned.			
0. NAME OF SECTIOED DARTY OF DECORD ALITHODIZING THIS	AMENDMENT (name of accion	or if this is an Asslance	t) if this :-	sa Amendment sutheria	by a Dabter which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor authorizing De					by a Debtor which
					by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Observation of the second	orized by a Debtor, check here				by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME	orized by a Debtor, check here			izing this Amendment.	by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorized Southern New Hampshire Bank & Trus	orized by a Debtor, check here		FOR autho	izing this Amendment.	

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