FOLLOW INSTRUCTIONS	S STATEMENT AMEI S (front and back) CAREFULLY ONTACT AT FILER (optional)	NDMENT	1				
Corporation Service B. SEND ACKNOWLEDG	Company 1-800-858-52 MENT TO: (Name and Address)	294					
55565718 - 358	3660						
•	Service Company tevenson Drive IL 62703						
L	Filed In: Rho	ode Island (S.O.S.)					
1a. INITIAL FINANCING STAT		_	THE ABOVE	1b. This	R FILING OFFICE USE FINANCING STATEMENT	AMENDN	
	20/2006 ectiveness of the Financing Statement in	dentified above is terminated with see	nert to security intercette) =5	REA	e filed [for record] (or record) L_ESTATE RECORDS.		
3. CONTINUATION: E	ffectiveness of the Financing Statemer	nt identified above with respect to so					
	ional period provided by applicable law.		in item 7c; and also give name	oe of sesignor in it	am 0		
	INFORMATION): This Amendment		d Party of record. Check or				
CHANGE name and/or a	wing three boxes <u>and</u> provide appropriate ddress: Please refer to the detailed instruct		e: Give record name	☐ ADD na	ame: Completeitem7aor7b	andalsoit	tem 7c:
in regards to changing the 6. CURRENT RECORD INF	e name/address of a party		in item 6a or 6b.	alsoco	mpleteitems 7e-7g (if applica	able).	47
6a. ORGANIZATION'S N	AME Mountaincow, LLC	<u></u>				-	
OR 66. INDIVIDUAL'S LAST NAME		FIRST NAME	NE		MIDDLE NAME		-IX
7. CHANGED (NEW) OR AU							
	AME						
75. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME		=IX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUN	NTRY
	Lagge with a lagger						
7d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR	ANIZATION 71. JURISDICTIO	N OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	ſ	
	TERAL CHANGE): check only one b						NONE
Describe collateral del	eted or added, or give entire r	estated collateral description, or de	ascribe collateral 📘 assign	eed.			
adds collateral or adds the a	PARTY of RECORD AUTHORIZ authorizing Debtor, or if this is a Termin AME Sovereign Bank				an Amendment authorized zing this Amendment	by a Debto	or which
OR 96. INDIVIDUAL'S LAST	NAME	I FIRST NAME		MIDDLE N	IAME	SUFF	ΪΧ
OR 9b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	IAME	SUFF	IX