	_							
			MENT AMENDMEN	1T				
	LOW INSTRUCTI				1			
		Phone (8	00) 331-3282 Fax (818) 662-4141				
3. S	SEND ACKNOWLEDGEN	MENT TO: (Name and	Mailing Address) 21371 BANK	OF AMERIC				
	CT Lien Sol	utions	271913	96 [°]				
	P.O. Box 29	071	DIDI					
	Glendale, C	A 91209-9071	ŘIRI					
	1							
					THE ABOV	E SPACE IS	FOR FILING OFFICE USE (ONLY
ta. INITIAL FINANCING STATEMENT FILE # 000894 03-AUG-2001 SS RI					1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
_	TERMINATION:	_	Financing Statement identified above					
-	CONTINUATION continued for the add	: Effectiveness of the ditional period provided	Financing Statement identified above by applicable law.	with respect to the	ne security interest(s) of the Secure	d Party aut	horizing this Continuation Sta	tement is
. [ASSIGNMENT (fo	ıll or partial): Give r	ame of assignee in item 7a or 7	o and address	of assignee in 7c; and also give	ve name o	of assignor in item 9.	
	MENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.							
, [CHANGE name and	or address: Give curre	res <u>and</u> provide appropriate info nt record name in item 6a or 6b; also	give new _	→ DELETE name: Give record name — DELETE name —		ADD name: Complete item 7a	
C			Vor new address (if address change)	nitem /c.	to be deleted in item 6a or 6b.	<u> </u>	tem 7c, also complete items 7	d-/g (if applicab
	6a ORGANIZATION'S NAME							
R	Ocean State Job Lot of Woonsocket, Inc.			FIRST NAME N			AME	SUFFIX
	OD. INDIVIDUALS DAST	MANIE				MIDDLE NAME SUFFIX		
	HANGED (NEW) OR	ADDED INFORMA	ATION:	<u></u>				<u> </u>
	7a. ORGANIZATION'S N							
R	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME SUFFIX		
	76. INDIVIDUAL'S LAST NAME			THO WILL		MIDDLE IVANIE GOFFIA		SUPPIX
c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR				7f. JURISDICTION OF ORGANIZATION		7a ORGA	NIZATIONAL ID #, if any	
						NONE		
	· —		: check only <u>one</u> box. , or give entire restated collate	ral description	or describe collateral assigne	d		
١	Describe conateral	addet	, or give entire	ar description,	or describe collateral assigne	a.		
			D AUTHORIZING THIS AMEND or if this is a Termination authorized by					Debtor which
		ORGANIZATION'S NAME lank of America,N.A.,successor by merger to Fleet National Bank						
R	9b. INDIVIDUAL'S LAS	·		FIRST NAME		MIDDLE	IAME	SUFFIX
				I		1		1

Prepared by CT Lien Solutions, P.O. Box 29071

10. OPTIONAL FILER REFERENCE DATA
27191396 Debtor Name: Ocean State Job Lot of Woonsocket, Inc.

FILING DEFICE CODY - NATIONAL LICC FINANCING STATEMENT AMENDMENT (FORM LICCS). (REV. 05/22/02)