	CC FINANCING STATEMENT AMENDA LLOW INSTRUCTIONS	MENT				
	NAME & PHONE OF CONTACT AT FILER (optional)	<u> </u>	1			
В.	E-MAIL CONTACT AT FILER (optional)		-			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
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	BANK RHODE ISLAND	•				
	ATTN: LOAN SERVICING PO BOX 9488					
	PROVIDENCE, RI 02940-9488		THE ABOVE O		ND EN ING OFFICE LIGE	ONL V
1a.	INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STA	TEMENT AM	OR FILING OFFICE USE ENDMENT is to be filed [for	
20	00907464350 5/7/2009 @ 1:51PM		(or recorded) in the R Filer: <u>attach</u> Amendmen		RECORDS irm UCC3Ad) <u>and</u> provide Debt	or's name in item 1
2. [TERMINATION: Effectiveness of the Financing Statement identifications of the Financing Statement identification of	fied above is terminated v	with respect to the security int	erest(s) of Se	cured Party authorizing this	s Termination
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a	n 7a or 7b, <u>and</u> address o ffected collateral in item i	f Assignee in item 7c <u>and</u> nar 3	ne of Assigno	r in item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified above with respect	to the security interest(s) of	Secured Party	authorizing this Continuati	on Statement is
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5.	PARTY INFORMATION CHANGE:					•
(Check one of these two boxes:	Theck one of these three b	address: Complete ADD	name: Comple	ete itemDELETE name:	
(Check <u>one</u> of these two boxes: AND Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: Complete 7a or 7b <u>and</u> item 7c 7a or	name: Comple 7b, <u>and</u> item 7	ete item DELETE name: c Deleted in	
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