		ıT			
	C FINANCING STATEMENT AMENDMEN OW INSTRUCTIONS	N I			
	AME & PHONE OF CONTACT AT FILER (optional)]		
I	MAIL CONTACT AT FILER (optional)		_		
C 9	END ACKNOWLEDGMENT TO: (Name and Address)				
	The Washington Trust Company	\neg			
	Attn: Small Business Lending - FR ST	ı			
	23 Broad Street Westerly, RI 02891				
L	- <i>'</i>		THE ABOVE ODA	OF IS FOR III ING OFFICE HOF	010 V
	ITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AMENDMENT is to be filed (for	
	00907753030			dendum (Form UCC3Ad) <u>and</u> provide Debto	
2	TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ove is terminated v	with respect to the security intere	st(s) of Secured Party authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected			of Assignor in item 9	
4. 🚺	CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Sec	cured Party authorizing this Continuation	on Statement is
5.	PARTY INFORMATION CHANGE:	<u>.</u>			
	ck <u>one</u> of these two boxes: AND Check <u>one</u> CHAI	ne of these three be		ne: Complete item DELETE name:	Give record name
	Change affects Debtor or Secured Party of record item (RRENT RECORD INFORMATION: Complete for Party Information Chai	6a or 6b; <u>and</u> item '	7a or 7b <u>and</u> item 7c7a or 7b,	, <u>and</u> item 7cto be deleted in i	tem 6a or 6b
	ORGANIZATION'S NAME		212		
OR 6	Beckmann, Limited	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		<u> </u>			
	ANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 1. ORGANIZATION'S NAME	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any part o	f the Debtor's name)
OR 7	D. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. M/	ILING ADDRESS	ICITY		STATE POSTAL CODE	COUNTRY
_		D collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	Indicate collateral:				
9. NA	ME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT: P	rovide only <u>one</u> name (9a or 9b) (r	name of Assignor, if this is an Assignme	nt)
lf thi		name of authorizing			
	The Washington Trust Company				
OR L	<u>8</u> k v				
96	INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX