-	CC FINANCING STATEMENT AMENDMEN	<b>IT</b>				
Α.	NAME & PHONE OF CONTACT AT FILER (optional)  Kathleen Gude 508-946-8766					
	E-MAIL CONTACT AT FILER (optional)		1			
	loanoperations@rocklandtrust.com SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
L	Rockland Trust Company					
Ι'	30 South Main Street	Į				
l	Middleboro, MA 02346					
					R FILING OFFICE USE	
	INITIAL FINANCING STATEMENT FILE NUMBER 100401596890 filed 9/29/2004		(or recorded) in the REAL	LESTATE		•
2. [	TERMINATION: Effectiveness of the Financing Statement identified abo	ove is terminated			rm UCC3Ad) <u>and</u> provide Debto cured Party authorizing this	
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and 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 respec	t to the security interest(s) of Sec	cured Party	authorizing this Continuation	on Statement is
	PARTY INFORMATION CHANGE:	ne of these three b	avan tar			
	CHAI	NGE name and/or	address: Complete ADD nar	ne: Comple , <u>and</u> item 7	ote item DELETE name:	Give record name tem 6a or 6b
	URRENT RECORD INFORMATION: Complete for Party Information Chai	nge - provide anly	one name (6a or 6b)			
	Cost Realty Inc					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. (	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	! ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not or	nit. modify, or abbreviate any part of	the Debtor's name)
	7a. ORGANIZATION'S NAME					
OR	'b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.		D collateral	DELETE collateral F	RESTATE o	overed collateral A	SSIGN collateral
	Indicate collateral:					
Q N	AME OF SECURED PARTY OF RECORD AUTHORIZING THE A	BAENIDBAENT	trovido poly one some (0 0) \ \	nama of *	signor if this is no Assiss—	
lf		MENUMENT: F		iame of As	SIGNOT, IT WIIS IS AN ASSIGNMEN	
	9a. organization's name  Rockland Trust Company successor by me	rger to SI	ades Ferry Trust C	Compa	nv	
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSON			NAL NAME(S)/INITIAL(S)	SUFFIX
	PTIONAL FILER REFERENCE DATA: SOS					