
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	ΙT				
]			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 96361281 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Ri	*0:	$g_{O_{LL}}$			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	SCITTION _				
96361281 - 372200 Corporation Service Company					
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Ri	hode Island				
//,	(S.O.S.)	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201008876220 07/21/2010		1b. This FINANCING STATE	MENT AME	ENDMENT is to be filed [for	record)
TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated				
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 or			of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	bove with respec	t to the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:	o of those three h	over to:			
Check one or these two boxes.	<u>e</u> of these three b NGE name and/or Sa or 6b; <u>and</u> item	address: CompleteADD na	me: Comple c, <u>and</u> item 7		Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char		one name (6a or 6b)			
6a. ORGANIZATION'S NAMEMINER STREET PROPERTIES	S, LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME AD			NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAMEMINER STREET PROPERTIES		only <u>one</u> name (7a or 7b) (use exact, full	name, do not or	mit, modify, or abbreviate any part o	f the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS 216 OXFORD ST	CITY	····	STATE	POSTAL CODE	COUNTRY
210 074 010 01	PROVIDE	ENCE	RI	02905	USA
	D collateral	DELETÉ collateral	RESTATE 6	covered collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A			(name of As	signor, if this is an Assignme	:nt)
If this is an Amendment authorized by a DEBTOR, check here and provide and ORGANIZATION'S NAMECITIZENS Bank, N.A. Formally Kr					.
OR 96, INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: MINER STREE	T T PROPE	RTIES, LLC			06364004
		-			96361281