ICC FINANCING STATEMENT AMEN	IDMENT			
NAME & PHONE OF CONTACT AT FILER (optional)  Howie Markowitz	(301) 622-0900	7	•	
E-MAIL CONTACT AT FILER (optional) markowitz@dynaxys.com	(301) 022-0900			
SEND ACKNOWLEDGMENT TO: (Name and Address)		-		
Dynaxys LLC		]		
11911 Tech Road Silver Spring, MD 20904-1961				
INITIAL FINANCING STATEMENT FILE NUMBER 01008842540 7/13/2010		1b. This FINANCING STAT	ACE IS FOR FILING OFFICE US EMENT AMENDMENT is to be filed I AL ESTATE RECORDS Addendum (Form UCC3Ad) and provide D	for record)
TERMINATION: Effectiveness of the Financing Statement in Statement	dentified above is terminated			
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indic	n item 7a or 7b, and address	of Assignee in item 7c and name	of Assignor in item 9	
X CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law			ecured Party authorizing this Continu	ation Stateme
PARTY INFORMATION CHANGE:		<del></del>		
theck <u>one</u> of these two boxes:  All this Change affects Debtor or Debtor or Decured Party of record	ND Check one of these three CHANGE name and/o	r address: CompleteADD n	ame: Complete itemDELETE nam	ne: Give record
CURRENT RECORD INFORMATION: Complete for Party Info			b, <u>and</u> item 7c to be deleted	in item 6a or 6
68. ORGANIZATION'S NAME MILL RIVER COMMUNITY HOUS!	NG CORPORA	TION		
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INCODMATION A	or Party Information Change - provid	le only <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any pa	art of the Debtor's
7a. ORGANIZATION'S NAME				
76. INDIVIDUAL'S SURNAME				
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME				
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME				
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME				SUFFIX
7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY		STATE POSTAL CODE	
7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		DELETE collateral	STATE POSTAL CODE  RESTATE covered collateral	COUNT
7a. ORGANIZATION'S NAME   7b. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INIT!AL(S)   MAILING ADDRESS   COLLATERAL CHANGE: Also check one of these four boxe		DELETE collateral		COUNT
7b. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   MAILING ADDRESS   COLLATERAL CHANGE: Also check one of these four boxe Indicate collateral:   IAME OF SECURED PARTY OF RECORD AUTHORIZII this is an Amendment authorized by a DEBTOR, check here	s: ADD collateral	Provide only <u>one</u> name (9a or 9b)	RESTATE covered collateral	COUNTI
The individual's surname  Individual's first personal name  Individual's additional name(s)/initial(s)  Mailing address  Collateral change: Also check one of these four boxe indicate collateral:	s: ADD collateral  NG THIS AMENDMENT: and provide name of authoriz	Provide only <u>one</u> name (9a or 9b) ing Debtor	RESTATE covered collateral	COUNTI