Ε						
_	OO FINANCING OTATEMENT AMENDMEN	IT				
_	ICC FINANCING STATEMENT AMENDMEN DLLOW INSTRUCTIONS	4 1				
	. NAME & PHONE OF CONTACT AT FILER (optional) Sandra L Liese 401-348-1396		7			
В	. E-MAIL CONTACT AT FILER (optional)		1			
С	. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	The Washington Trust Company, of Westerly Attn: Small Business Lending					
	23 Broad Street					
ľ	Westerly, RI 02891	1				
Ļ			-		R FILING OFFICE USE	•
	. INITIAL FINANCING STATEMENT FILE NUMBER 201008905290		or recorded) in the R) استا	EAL ESTATE		•
2.	TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated			rm UCC3Ad) <u>and</u> provide Debt cured Party authorizing this	
	Statement		,			
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 in the partial assignment of			ne of Assigno	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	Secured Party	authorizing this Continuati	ion Statement is
5.	PARTY INFORMATION CHANGE:					
	CHAN	e of these three b NGE name and/or	address: CompleteADD	name: Comple	te itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6 CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)						item 6a or 6b
	6a. ORGANIZATION'S NAME					
OR	The Bailey Group, LLC 66. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NIAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		THE TENDO	THE TANKE	, and the second	THE TOTAL (D) MITTING	00,11,1
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact, f	ull name; do not o	nit, modify, or abbreviate any part o	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
70	MAILING ADDRESS	ICITY		STATE	POSTAL CODE	COUNTRY
10.	WALING ADDICESS			SIAIL	T OSTAL CODE	COONTRY
8. [COLLATERAL CHANGE: Also check one of these four boxes: ADD indicate collateral:	C collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI			o) (name of Ass	signor, if this is an Assignme	nt)
	s is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor ORGANIZATION'S NAME					
OR	The Washington Trust Company, of Wes					
<u>ن</u> ، د	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10.4	OPTIONAL FILER REFERENCE DATA:					
	State UCC Continuation WTC vvvv5270					