U	CC FINANCING STATEMENT AMENDME	NT				
FO	LLOWINSTRUCTIONS		_			
	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		Ī			
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
L	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
l	102074423 - 372200					
l '	Corporation Service Company	i				
ı	801 Adlai Stevenson Drive					
L	Springfield, IL 62703 Filed In: F	Rhode Island (S.O.S.)				
		(3.0.3.)	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 00503045610 12/12/2005		(or recorded) in the	REAL ESTATE		-
2.	TERMINATION: Effectiveness of the Financing Statement identified ab	ove is terminated w			m UCC3Ad) <u>and provide Debte</u>	
∟	Statement	to torribbled W	respect to the security	orcat(a) or der	and any domonizing this	, ormination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			name of Assignor	in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	to the security interest(s)	of Secured Party	authorizing this Continuati	on Statement is
5.	PARTY INFORMATION CHANGE:		· · · · · · · · · · · · · · · · · · ·		.	
	Check one of these two boxes: AND Check of	one of these three bo				
Т	his Change affects Debtor or Secured Party of record item	ANGE name and/or a 16a or 6b; <u>and</u> item 7	ddress: Complete Al a or 7b <u>and</u> item 7c 7a	DD name: Comple or 7b, <u>and</u> item 7	te item DELETE name: to be deleted in	Give record name tem 6a or 6b
	CURRENT RECORD INFORMATION: Complete for Party Information Chi	ange - provide only g	ne name (6a or 6b)			
	6a. ORGANIZATION'S NAMER.I. FAMILY SHELTER, INC					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7 (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	sotion Change arraids	shi ana gama (3a ar 7h) luga ayan	t full name do not be	ait madity as abbreviate any and	fthe Debteds served
/.	7a. ORGANIZATION'S NAME	lation Change - provide o	my <u>une mame (78 or 75) (use exac</u>	at, tun name, oo not on	iit, friodily, or abbreviste any part o	the Debtor's Harrie)
OR	7b. INDIVIDUAL'S SURNAME					
OR						
OR	7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME					
OR						SUFFIX
OR	INDIVIDUAL'S FIRST PERSONAL NAME					SUFFIX
	INDIVIDUAL'S FIRST PERSONAL NAME	СІТҮ		STATE	POSTAL CODE	SUFFIX
	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	СІТҮ		STATE	POSTAL CODE	
	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	CITY DD collateral	DELETE collateral			
7c.	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS		DELETE collateral			COUNTRY
7c.	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			COUNTRY
7c.	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			COUNTRY
7c.	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			COUNTRY
7c.	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			COUNTRY
7c. 8.	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Also check one of these four boxes: Also check one of these four boxes:	DD collateral [RESTATE o	overed collateral	COUNTRY SSIGN collateral
7c. 8	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral:	DD collateral [ovide only <u>one</u> name (9a or	RESTATE o	overed collateral	COUNTRY SSIGN collateral
7c. 1	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral: NAME of SECURED PARTY of RECORD AUTHORIZING THIS // this is an Amendment authorized by a DEBTOR, check here and provide	DD collateral [ovide only <u>one</u> name (9a or g Debtor	RESTATE o	overed collateral	COUNTRY SSIGN collateral
7c. 1	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral:	DD collateral [ovide only <u>one</u> name (9a or g Debtor	RESTATE o	overed collateral	COUNTRY SSIGN collateral
7c. 1	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral: NAME of SECURED PARTY of RECORD AUTHORIZING THIS // this is an Amendment authorized by a DEBTOR, check here and provide	DD collateral [ovide only <u>one</u> name (9a or 1 Debtor S Citizens, N.A.	RESTATE o	overed collateral	COUNTRY SSIGN collateral
9. N	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral: NAME of SECURED PARTY of RECORD AUTHORIZING THIS All Ithis is an Amendment authorized by a DEBTOR, check here and provide ga. ORGANIZATION'S NAME Citizens Bank, N.A. Formally K.	AMENDMENT: Presented in a name of authorizing inown As RB	ovide only <u>one</u> name (9a or g Deblor S Citizens, N.A. NL NAME	RESTATE o	overed collateral A	COUNTRY SSIGN collateral