UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)	\neg			
Kathleen Gude 508-946-8766				
B. E-MAIL CONTACT AT FILER (optional)				
loanoperations@rocklandtrust.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Rockland Trust Company	¬ l			
30 South Main Street	1			
Middleboro, MA 02346				
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∤ ∟ .	THE ABOVE SP	ACE IS EC	OR FILING OFFICE USE	ONI Y
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STAT	EMENT AM	ENDMENT is to be filed [for	
#201009242970 filed 11/12/2010	(or recorded) in the REA		RECORDS orm UCC3Ad) <u>and</u> provide Debto	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above is terministatement	ted with respect to the security inter	est(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and addr For partial assignment, complete items 7 and 9 and also indicate affected collateral in		of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with recontinued for the additional period provided by applicable law	spect to the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Check one of these the change of the		ame: Comple	ete item — DELETE name:	Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and	tem 7a or 7b <u>and</u> item 7c 7a or 7	b, <u>and</u> item 7		
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide 6a. ORGANIZATION'S NAME	only one name (6a or 6b)			
Sloan Realty Co, LLC				
OR 6b. INDIVIDUAL'S SURNAME FIRST PEI	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - p ORGANIZATION'S NAME 	ovide only <u>one</u> name (7a or 7b) (use exact. full	name, do not o	mit, modify, or abbreviate any part of	(the Debtor's name)
08				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME	<u>-</u>			
monitor enough to make with				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	·BAC == 1	·		SUFFIX
7c. MAILING ADDRESS CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral	RESTATE	covered collateral A	SSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN	T: Provide only one name (92 or 9h)	(name of Ac	signor if this is an Assignmen	o+\
If this is an Amendment authorized by a DEBTOR, check here and provide name of auth		(IIAIIIG OI AS	aignor, ir tira ia dir Assiyrimer	
9a. ORGANIZATION'S NAME Packland Trust Company				
Rockland Trust Company OR 96. INDIVIDUAL'S SURNAME FIRST PER	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
FIRST PER	OGRAE INDIVIE	LADRITIO	нас намеца <i>р</i> пи (НАС(а)	SUPPIA
10. OPTIONAL FILER REFERENCE DATA:	_			
RISOS				