ł					
10000					
UCC FINANCING STATEMENT AMENDME	=NT				
FOLLOWINSTRUCTIONS	-141				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529	4]			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com 784865 001		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	***	1			
105242857 - 378930	\neg				
Corporation Service Company	ı				
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed In	: Rhode Island	İ			
 L	(S.O.S.)	THE 4 DOVE 4 DA		0.055105.1105.4	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPA	MENT AMENDMEN		
201109594410 02/23/2011		(or recorded) in the REA Filer: attach Amendment Ad	L ESTATE RECORD	S	•
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated w				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect	or 7b, <u>and</u> address of ted collateral in item 8	Assignee in item 7c and name	of Assignor in item 9	ı	
CONTINUATION: Effectiveness of the Financing Statement identifier continued for the additional period provided by applicable law	ed above with respect	to the security interest(s) of Sec	cured Party authoriz	ng this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check	k one of these three bo				
	HANGE name and/or a em 6a or 6b; <u>and</u> item 7		me: Complete item . and item 7c	to be deleted in it	Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C		ne name (6a or 6b)			
68. ORGANIZATION'S NAMEMt. Hope Paint and Decorating	ig, LLC				
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	L NAME ADDITIONAL		E(S)/INITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf Ta. ORGANIZATION'S NAME 	ormation Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full n	ame; do not omit, modify,	or abbreviate any part of	the Debtor's name)
78. ORGANIZATIONS NAME					
OR 75. INDIVIDUAL'S SURNAME		· .			
INDIVIDUAL'S FIRST PERSONAL NAME					
(ADDIVIDUALICA CONTROLA), ALLAST (OLIMITALIA)					T-
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					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 co	oilateral A	SSIGN collateral
Indicate collateral:	_	terment.		_	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	S AMENDMENT: D.	ovide only one name (Os or Ch) (name of Areigner if	hip io an Accience	nt)
If this is an Amendment authorized by a DEBTOR, check here and prov	ide name of authorizing		name or Assignor, if t	nis is an Assignmer	ц
9a. ORGANIZATION'S NAME Benjamin Moore & Co.					
OR 9b. INDIVIDUAL'S SURNAME	····			=:=:	
90. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
1	1				
10. OPTIONAL FILER REFERENCE DATA: Debtor: Mt. Hope Pa	int i 5	-r.,			