UCC FINANCING STATEMENT A	MENDMENT				
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (option	nal)	٦			
A. NAME & PHONE OF CONTACT AT FILER (option Corporation Service Company 1-8  B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and A)  106265009 - 372200  Corporation Service Company, 801 Adlai Stevenson Drivenson Springfield, IL 62703	300-858-5294	4			
SPRFiling@cscinfo.com	City O.				
C. SEND ACKNOWLEDGMENT TO: (Name and A	ACTON _				
106265009 - 372200					
801 Adlai Stevenson Drie					
Springfield, IL 62703	Filed In: Rhode Island (S.O.S.)				
ta. INITIAL FINANCING STATEMENT FILE NUMBER				R FILING OFFICE USE	
201109642030 03/08/2011		(or recorded) in the REAL Filer: attach Amendment Add	ESTATE I	RECORDS	•
<ol> <li>TERMINATION: Effectiveness of the Financing S Statement</li> </ol>	tatement identified above is terminated	with respect to the security interes	at(s) of Sec	ured Party authorizing thi	s Termination
ASSIGNMENT (full or partial): Provide name of A     For partial assignment, complete items 7 and 9 and			f Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by apple	Statement identified above with respec		ured Party	authorizing this Continual	tion Statement is
PARTY INFORMATION CHANGE:	Todal City				
Check one of these two boxes:	AND Check one of these three t		ie: Comple	te item DELETE name	: Give record nam
This Change affects Debtor or Secured Party of r.  B. CURRENT RECORD INFORMATION: Complete to	ecord item 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7b,	and item 70	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMEML INVESTMEN					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
7a. ORGANIZATION'S NAME	r Assignment or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not on	it, modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME				·	-
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	Тсіту		STATE	POSTAL CODE	COUNTRY
C. PRODUCTURE CONTRACTOR	1 2		0		
C. MALINO ADDICOS					
i. COLLATERAL CHANGE: Also check one of these	e four boxes: ADD collateral	DELETE collateral R	ESTATE co	overed collateral	ASSIGN collatera
	e four boxes: ADD collateral	DELETE collateral R	ESTATE C	overed collateral	ASSIGN collatera
. COLLATERAL CHANGE: Also check one of these	e four boxes: ADD collateral	DELETE collateral R	ESTATE C	overed collateral	ASSIGN collatera
: COLLATERAL CHANGE: Also check one of these	e four boxes: ADD collateral	DELETE collateral R	ESTATE CA	overed collateral	ASSIGN collatera
. COLLATERAL CHANGE: Also check one of these	e four boxes: ADD collateral	DELETE collateral R	 ESTATE ca	overed collateral	ASSIGN collatera
COLLATERAL CHANGE: Also check one of these Indicate collateral:				_	
: COLLATERAL CHANGE: Also check one of these Indicate collateral:	ITHORIZING THIS AMENDMENT: I	Provide only <u>one</u> name (9a or 9b) (n		_	
B. COLLATERAL CHANGE: Also check one of these Indicate collateral:  D. NAME OF SECURED PARTY OF RECORD AU	ITHORIZING THIS AMENDMENT: It here and provide name of authorizi	Provide only <u>one</u> name (9a or 9b) (n ng Debtor		_	
COLLATERAL CHANGE: Also check one of these Indicate collateral:  NAME OF SECURED PARTY OF RECORD AU If this is an Amendment authorized by a DEBTOR, check	ITHORIZING THIS AMENDMENT: It here and provide name of authorizi	Provide only <u>one</u> name (9a or 9b) (n ng Debtor BS Citizens, N.A.	ame of Ass	_	ASSIGN collatera