LICO FINANCINO CTATEMENT AMENDMENT			
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			
A. NAME & PHONE OF CONTACT AT FILER (optional) 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	, 		
30 South Main Street	1		
Middleboro, MA 02346	.		
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER #201009393960 filed 12/29/2010	(or recorded) in the REA		_
TERMINATION: Effectiveness of the Financing Statement identified above is terminate Statement		ddendum (Form UCC3Ad) <u>and provide Debto</u> est(s) of Secured Party authorizing this	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and addres For partial assignment, complete items 7 and 9 and also indicate affected collateral in ite	s of Assignee in item 7c <u>and</u> name	of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above with resp continued for the additional period provided by applicable law		cured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			
	or address: CompleteADD na	me: Complete itemDELETE name: b, <u>and</u> item 7c to be deleted in i	Give record name tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide or 6a. ORGANIZATION'S NAME	lly <u>one</u> name (6a or 6b)		
Westfield Commons Master Tenant, LLC 6b. INDIVIDUAL'S SURNAME FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - proving Cha	de only <u>one</u> name (7a or 7b) (use exact, full n	name; do not omit, modify, or abbreviate any part of	the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
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 collateral	SSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR.		name of Assignor, if this is an Assignmen	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorional particular and particular and provide name of authorional particular and par		name of Assignor, if this is an Assignmen	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authori 9a. ORGANIZATION'S NAME	zing Debtor	name of Assignor, if this is an Assignment of Assignment of Assignment of Assignment of Additional NAME(S)/INITIAL(S)	SUFFIX