UCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94	-			
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	-4-1/				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
107014982 - 372200	into CO	ψ			
107014982 - 372200 Corporation Service Company 801 Adlai Stevenson Drivengacks@csc Springfield, IL 62703	11110.0				
Springfield, IL 62703 Filed	In: Rhode Island				
	(0.0.0.)	THE ABOVE SP		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201110587030 11/30/2011		(or recorded) in the REA	L ESTATE	ENDMENT is to be filed [for RECORDS rm UCC3Ad) <u>and</u> provide Debto	•
2. TERMINATION: Effectiveness of the Financing Statement identifies Statement	ed above is terminated				
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate affire	7a or 7b, <u>and</u> address o	of Assignee in item 7c <u>and</u> name 8	of Assigno	r in item 9	
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	ified above with respec	t to the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
Check Mile of these two poxes.	eck <u>one</u> of these three b CHANGE name and/or	address: Complete ADD na	ame: Compl	ete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; <u>and</u> item n Change - provide only		b, <u>and</u> item 7	c to be deleted in i	tem 6a or 6b
6a. ORGANIZATION'S NAMETamarisk, Inc.		1			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
7 CHANCED OR APPER INFORMATION.					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide	only one name (7a or 7b) (use exact, full	name; do not o	mit, modify, or abbreviate any part o	the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME					4
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	ASSIGN collateral
Indicate collateral:			NEGINIE	Sovered Conateral	.SSIGIN CONATERAL
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI			(name of As	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and property of the part of the	rovide name of authorizi	ng Debtor			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				(2),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10. OPTIONAL FILER REFERENCE DATA: Debtor: Tamarisk,	Inc.				107014982