UCC FINANCING STATEMENT AMEN	NDMENT			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-85	58-5294 ~]		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-85 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 108781885 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	- 250 COI.	1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	*CC!\	1		
108781885 - 372200	C			
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Rhode Island			
	(0.0.3.)	THE ABOVE SPA	ACE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200603579880 05/03/2006		(or recorded) in the REA	MENT AMENDMENT is to be LESTATE RECORDS Idendum (Form UCC3Ad) <u>and</u> prov	•
2. TERMINATION: Effectiveness of the Financing Statement Statement	identified above is terminated w	rith respect to the security intere	est(s) of Secured Party authori	zing this Termination
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also indicate.			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable law		to the security interest(s) of Se	cured Party authorizing this Co	ontinuation Statement is
5. PARTY INFORMATION CHANGE:			·	
Check offe of these two boxes.	ND Check one of these three bo CHANGE name and/or a	ddress: Complete ADD na	me: Complete itemDELET	E name: Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inf 6a. ORGANIZATION'S NAMEBURGIN LAMBERT, II			, <u>and</u> item 7cto be de	eleted in item 6a or 6b
	NC.			
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITI	IAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment Ta. ORGANIZATION'S NAME	nt or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full r	ame: 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
morrisos de constitución de la manera del manera de la manera dela manera de la manera dela manera de la manera dela maner				30/112
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four box	es: ADD colleteral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAMECItizens Bank, N.A. Fo	and provide name of authorizing	g Debtor	name of Assignor, if this is an A	.ssignment)
O.D.			LABOUTION	AL (2)
96. INDIVIDUAL'S SURNAME	FIRST PERSON/	AL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: BURG	SIN LAMBERT, INC.			100701006

108781885