LIGO FINANCINO CTATEMENT AMENDMEN	I T				
UCC FINANCING STATEMENT AMENDMEN FOLLOWINSTRUCTIONS	N I				
A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)	.el	1			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 109322631 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: R	cO COI	•			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	10	1			
109322631 - 372200					
Corporation Service Company	·				
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: R	thode Island				
, ·	(S.O.S.)				
1a. INITIAL FINANCING STATEMENT FILE NUMBER				R FILING OFFICE USE ENDMENT is to be filed [for	
200603674260 05/26/2006		(or recorded) in the REA	L ESTATE I		•
TERMINATION: Effectiveness of the Financing Statement identified about the Statement	ove is terminated t	with respect to the security intere	st(s) of Sec	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7.	7h and address n	f Assignee in item 7c and name	of Assignor	in item 9	
For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected			oi Assignoi	III Kelli b	
 CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law 	bove with respect	to the security interest(s) of Sec	cured Party	authorizing this Continuati	ion Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check on	ne of these three b		me: Comple	ste item — DELETE name:	Give record name
This Change affects Debtor or Secured Party of record item	6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7b	, <u>and</u> item 7		
 CURRENT RECORD INFORMATION: Complete for Party Information Chailling Complete Son Party Information Chailling Ch	nge - provide only	one name (6a or 6b)			
OR			_		
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not or	nit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 76. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					·····
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
					:
C. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			7507475		
B. COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes:AD Indicate collateral:	D collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
Adotte Solitional.					
					1000
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provide	MENDMENT: P		name of As	signor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME Citizens Bank, N.A. Formally Kı		=			
DR 9b. INDIVIDUAL'S SURNAME	leiber penedi	IAI MARIE	LADDITIO	NIAL NEARACTON/INUTIAL/O	Terreiv
BU. INDIVIDUAL S SURINAME	FIRST PERSON	IAL NAME	1~0011101	NAL NAME(S)/INITIAL(S)	SUFFIX