UCC FINANCING STATEMENT AME	NDMENT						
FOLLOW INSTRUCTIONS							
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-8	58-5294						
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
110659195 - 384360 Corporation Service Company SCINTO . 801 Adlai Steven & 18	cno	7					
801 Adlai Stever Control Spirit Stever Control Spirit Stever Control Spirit Spirit Stever Control Spirit Sp	Filed In: Rhode	lsland					
	(S.O.S.)	E ABOVE SPA	CE IS FO	R FILING O	FFICE USE (ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109577170 02/18/2011		1b. This FINA	ANCING STATE	MENT AME . ESTATE I	ENDMENT is t	o be filed [for	
TERMINATION: Effectiveness of the Financing Statement Statement	nt identified above is	terminated with respect to the	e security intere	st(s) of Sec	cured Party a	uthorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assigner			n 7c <u>and</u> name o	of Assignor	in item 9		
For partial assignment, complete items 7 and 9 and also in: 4. CONTINUATION: Effectiveness of the Financing Statem	···		nterest(s) of Sec	ured Party	authorizing th	nis Continuatio	n Statement is
continued for the additional period provided by applicable is		with respect to the security in	iterest(s) or one	areo i ariy	ddirion2xig o	iis Coritarioatio	T Otalement is
5. PARTY INFORMATION CHANGE:	AND Check one of the	nese three boxes to:					
Check one of these two boxes: This Change affects Debtor or Secured Party of record	CHANGE r	ame and/or address: Complete bb; and item 7a or 7b and item	e ADD nan 7c ∐ 7a or7b,	ne: Comple and item 7	ete item Dito	ELETE name: (be deleted in it	Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party			5b)				
6a. ORGANIZATION'S NAMELAUNDROMAX - ATV	WELLS AVE.,	LLC					
OR 6b. INDIVIDUAL'S SURNAME	FIR	ST PERSONAL NAME	AL NAME ADDITIONAL NAME(S)/INITIAL			/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME	nent or Party Information Ch	ange - provide only <u>one</u> name (7a or	7b) (use exact, full na	ime; do not or	mit, modify, or abb	reviate 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	CIT	Υ ΄		STATE	POSTAL CO	DÉ	COUNTRY
							USA
8. COLLATERAL CHANGE: Also check one of these four b	oxes: ADD coll	ateral DELETE colla	ateral F	RESTATE C	covered collate	ral A	SSIGN collateral
Indicate collateral:							
NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here [DMENT: Provide only one of authorizing Debtor	ame (9a or 9b) (r	name of As	signor, if this is	an Assignmer	nt)
9a. ORGANIZATION'S NAMEAIlliance Laundry Syst		or authorizing Debtor					
/ illiance Edurally Cycl	— `						
OR 96. INDIVIDUAL'S SURNAME	tems LLC	ST PERSONAL NAME		ADDITIO	NAL NAME(S)	/INITIAL(S)	SUFFIX
	tems LLC			ADDITIO	NAL NAME(S)	/INITIAL(S)	SUFFIX