UCC FINANCING STATEMENT AME FOLLOWINSTRUCTIONS	NDMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-8	358-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		1			
	hi	1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address 110658866 - 384360 Corporation Service (GGSC)	··· ¬				
2801 Adia Savenson Drive					
Shinging d, IL 62703	Filed In: Rhode Island (S.O.S.)				
	` <u>-</u>		CE IS FOR FILING OFF	·	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201109577260 02/18/2011		or recorded) in the REAl) لسنا	MENT AMENDMENT is to I ESTATE RECORDS Dendum (Form UCC3Ad) <u>and</u> p	-	-
TERMINATION: Effectiveness of the Financing Statement Statement	nt identified above is terminated	with respect to the security intere	st(s) of Secured Party auth	orizing this 1	Termination
ASSIGNMENT (full or partial): Provide name of Assigne For partial assignment, complete items 7 and 9 and also in			of Assignor in item 9		
CONTINUATION: Effectiveness of the Financing Staten continued for the additional period provided by applicable.		t to the security interest(s) of Sec	ured Party authorizing this	Continuation	Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND Check one of these three to CHANGE name and/or	address: CompleteADD nar			Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party	item 6a or 6b; and item Information Change - provide only		and item 7c to be	e deleted in ite	am da di do
6a ORGANIZATION'S NAMELAUNDROMAX - PA	WTUCKET, LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/IN	JITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignm	nent or Party Information Change , provide	only one name /7a or 7h) (use syart full re	ume: do not omit modify, or abbrev	riste anu nart of l	the Dehtor's name)
7a. ORGANIZATION'S NAME	The state of the s	only wire from the state and a state in the	inte, de not omit, meetly, et abbles	nate only part or	
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
		<u></u>			1.
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 b	oxes: ADD collateral	DELETE collateral	RESTATE covered collateral		SSIGN collateral
Indicate collateral:	•			_	
9. NAME OF SECURED PARTY OF RECORD AUTHOR			name of Assignor, if this is a	ın Assignmen	ıt)
If this is an Amendment authorized by a DEBTOR, check here [9a. ORGANIZATION'S NAME Alliance Laundry Sys		ng Copioi			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NÁĽ NAME	ADDITIONAL NAME(S)/IN	IITIAL(S)	SUFFIX
	0.4004				
10. OPTIONAL FILER REFERENCE DATA: LOAN 4871	2-1004				110658866