,					
UCC FINANCING STATEMENT AMENDN FOLLOWINSTRUCTIONS	MENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com]			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	CON	٦			
110958012 - 372200	lu _{so} .				
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	In: Rhode Island				
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 110958012 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	(s.o.s.)	THE ABOV	E CDACE IC EC	NE EILING GEFIGE HOP	· ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201110090260 07/01/2011		1b. This FINANCING (or recorded) in th	STATEMENT AM e REAL ESTATE	OR FILING OFFICE USE ENDMENT is to be filed [for RECORDS orm UCC3Ad] and provide Det	r record)
TERMINATION: Effectiveness of the Financing Statement identifies Statement	ed above is terminated				
ASSIGNMENT (full or partial): Provide name of Assignee in item	74 or 7h and	of Applicate in the Control		- 1- 1	
For partial assignment, complete items 7 and 9 and also indicate aff	ra or rb, <u>and</u> address fected collateral in item	or Assignee in Item /c and 8	name of Assignor	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law	tified above with respec	ot to the security interest(s)	of Secured Party	authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: This Change affects Debtor or Secured Party of record	eck <u>one</u> of these three I CHANGE name and/or item 6a or 6b; <u>and</u> item	address: Complete A	DD name: Complete or 7b, and item 7	ete item DELETE name 'c Deleted ir	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Informatio	on Change - provide only		a or ro, <u>and</u> rem r	C	item oa or ob
6a. ORGANIZATION'S NAMEWhite Dove Crematory, Inc.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	FIRST PERSONAL NAME ADDITIONAL NAME			SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	only one name (7a or 7b) (use exa	act, full name, do not o	mit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S SURNAME				· · · · · · · · · · · · · · · · · · ·	
INDIVIDUAL'S FIRST PERSONAL NAME				1	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		- , ,	-		SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			37,112	7 33 77 2 3 3 2 2	USA
B. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	covered collateral	ASSIGN collateral
Indicate collateral:					
. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	HIS AMENDMENT: 1	Provide only one name (9a o	r 9b) (name of As	signor, if this is an Assignm	ent)
	ovide name of authorizi	ng Debtor			·
	iy KHOWII AS K	oo Ciuzens, N.A.			
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
0. OPTIONAL FILER REFERENCE DATA: Debtor: White Dove	e Crematory, In	ic.			110958012