UCC FINANCING STATEMENT AMENDME FOLLOWINSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294]			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	. *				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	$\frac{CO_{O_{I}}}{CO_{I}}$				
118149759 - 332200 Prepared By:	1,110				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 118149759 - 332200 Prepared By: Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	Rhode Island (S.O.S.)	THE ABOVE SPA	ACE 18 EO	R FILING OFFICE USE	ONI Y
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200604023490 8/29/2006		or recorded) in the REA	MENT AME	NDMENT is to be filed [for	record]
TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affected.			of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	d above with respec	t to the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
Crieck <u>offe</u> of triese two boxes.	one of these three b HANGE name and/or m 6a or 6b; <u>and</u> item	address: CompleteADD na	me: Comple o, <u>and</u> item 70		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information C	hange - provide only	one name (6a or 6b)	, <u>sans</u> (to.,, ,		
68. ORGANIZATION'S NAMERHODE ISLAND SEWER CO	NNECTION,	INC.			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	i mation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not on	nit, modify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME					
76. INDIVIDUAL'S SURNAME			•		
INDIVIDUAL'S FIRST PERSONAL NAME				••	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL 3 ADDITIONAL NAME(3)/INTIAL(3)					Joseph
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provice 	AMENDMENT: F		name of Ass	signor, if this is an Assignme	nt)
9a ORGANIZATION'S NAMEDE LAGE LANDEN FINANCIA		· · · · · · · · · · · · · · · · · · ·			
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					118149759