UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  118463618 - 334040 Corporation Service Company 801 Adlai Stevenson The Company Springfield, IL 62703  Filed	in: Rhode Island (S.O.S.)	THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201210721190 01/04/2012		(or recorded) in the REAL		
2. TERMINATION: Effectiveness of the Financing Statement identifie	ed above is terminated w		dendum (Form UCC3Ad) <u>and</u> pro- st(s) of Secured Party authori	
ASSIGNMENT (full or partial): Provide name of Assignee in item is For partial assignment, complete items 7 and 9 and also indicate afficially.			of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identical continued for the additional period provided by applicable law	ified above with respect	to the security interest(s) of Sec	ured Party authorizing this Co	ontinuation Statement is
5. PARTY INFORMATION CHANGE:	eck <u>one</u> of these three bo	xes to:		
Check <u>one</u> of these two boxes:  This Change affects Debtor <u>or</u> Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	ddress: CompleteADD nan		E name: Give record name eleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information  5a. ORGANIZATION'S NAME Rewards Express, Inc.	n Change - provide only <u>c</u>	ne name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	TFIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITI	AL(\$) SUFFIX
OD. INDIVIDUAL S SURVANIE	FIRST PERSON	AL NAME	ADDITIONAL NAME(3)/1911	AL(3) SOFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party  7a. ORGANIZATION'S NAME	Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	ime; do not omit, modify, or abbreviate	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	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral R	RESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and pro  9a. ORGANIZATION'S NAMEWestern Alliance Bank, as second	ovide name of authorizing	Debtor		ssignment)
OR 9b. INDIVIDUAL'S SURNAME	[FIRST PERSONA	_	ADDITIONAL NAME(S)/INITI	AL(C) Tensery
SU HADIATO SOURAME	FIRST PERSONA	LIAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Rewards E	xpress, Inc T	he Corporate Market	place	11846361