NAME & PHONE OF CONTACT AT FILER (optional	) 0 959 5304	1			
Corporation Service Company 1-80  B. E-MAIL CONTACT AT FILER (optional)	0-858-5294	-			
SPRFiling@cscinfo.com	<u> </u>	_			
SEND ACKNOWLEDGMENT TO: (Name and Addr	ress)				
118653948 - 392760 Corporation Service Company	I				
801 Adlai Stevenson Drive					
national factor of the control of th	Filed In: Rhode Island (S.O.S.)				
	(8.6. <u>8.)</u>	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
NITIAL FINANCING STATEMENT FILE NUMBER 01110327870 09/15/2011		(or recorded) in the REA Filer, <u>attach</u> Amendment Ad	LESTATE F Idendum (For	m UCC3Ad) <u>and</u> provide Debto	or's name in item
TERMINATION: Effectiveness of the Financing State Statement	ement identified above is terminated	with respect to the security intere	st(s) of Sec	sured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 <u>and</u> als			of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing St continued for the additional period provided by applica		t to the security interest(s) of Sec	cured Party	authorizing this Continuation	on Statement
PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND Check one of these three b	address: CompleteADD na	me: Comple	te item DELETE name:	Give record n
This Change affects Debtor or Secured Party of reconcurred Party of reconcurred Party of Part			, <u>and</u> item 7	:to be detected in	tem oa or oo
6a. ORGANIZATION'S NAMEOriginal Crispy Piz	za Crust Co. of Boston,	Inc.			-
8 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for As	ssignment or Party Information Change - provide	only one name (7a or 7b) (use exact, full n	ame; do not on	nit, modify, or abbreviate any part o	f the Debtor's nar
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	·			· · · · · · · · · · · · · · · · · · ·	SUFFIX
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	CITY		STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS	į.		1		
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MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these for Indicate collateral:	our boxes: ADD collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN colla
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COLLATERAL CHANGE: Also check one of these for Indicate collateral:	HORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b) i			
COLLATERAL CHANGE: Also check one of these for indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTH	HORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b) i			
Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he	HORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b) i ng Debtor	name of Ass		int)