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UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS	T				
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)	2011				
SPRFiling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  1237 53035  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Rh					
Corporation Service Company 801 Adlai Stevenson Drive					
Springfield, IL 62703	ode Island				
	(S.O.S.)	THE ABOVE OR	0F 10 F0	D EII ING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	·····	b. This FINANCING STATE	MENT AME	R FILING OFFICE USE NDMENT is to be filed [for	
201211113110 04/20/2012		(or recorded) in the REAL Filer: <u>attach</u> Amendment Ad		RECORDS m:UCC3Ad) <u>and</u> provide Debti	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated wi	th respect to the security intere	st(s) of Sec	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected or a second control of the following control		Assignee in item 7c <u>and</u> name o	of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified ab- continued for the additional period provided by applicable law	ove with respect t	o the security interest(s) of Sec	ured Party	authorizing this Continuate	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes. ————————————————————————————————————	of these three box GE name and/or ac	Idress: CompleteADD nar	ne: Comple		Give record name
This Change affects Debtor or Secured Party of record Item 6a  6. CURRENT RECORD INFORMATION: Complete for Party Information Change	a or 6b, <u>and</u> item 7a ge - provide only <u>o</u>		and item 7	to be deleted in	nem balor bo
6a. ORGANIZATION'S NAMEBLISS TOOL COMPANY, INC.	×				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	I NAMF	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				, , , , ,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	on Change - provide or	fy <u>one</u> name (7a or 7b) (use exact, full na	ime; do not or	nit, modify, or abbreviate any part of	f the Debtor's name)
7a. ORGANIZATION'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: ADD	collateral	DELETE collateral F	ESTATE 6	overed collateral	ASSIGN collateral
Indicate collateral:	Conateral _		CESTATE	overed conditerar	1331314 Collateral
		<del></del>			
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here and provide n.</li> </ol>	MENDMENT: Pro ame of authorizing		name of Ass	signor, if this is an Assignme	ent)
9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly kno	_				
OR jab. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: BLISS TOOL C	OMPANY,	NC.			1237 53035