_							
	ICC FINANCING STATEMENT AMENDMEN	IT	_				
	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294						
E	. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com						
С	SEND ACKNOWLEDGMENT TO: (Name and Address) 1244 90665 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: R	com_					
ļ	1244 90665 Corporation Service Company Conference Conference						
I	801 Adlai Stevenson Drive						
	Springfield, IL 62703 filing Filed In: Ri	hode Island (S.O.S.)					
L			THE ABOVE SPA	1.00			
	01211157970 05/03/2012		1b. This FINANCING STATE (or recorded) in the REA! Filen: <u>attach</u> Amendment Ad	L ESTATE RECORD	os .	•	
2.	TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated v					
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8							
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law							
5. PARTY INFORMATION CHANGE:							
	Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete Complete item DELETE name: Give record name						
	This Change affects Debtor or Secured Party of record Item 6a or 6b, and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)						
	6a ORGANIZATION'S NAMEDouglas S. Foreman, D.O., Ltd.						
OF	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAM	IE(S)/INITIAL(S)	SUFFIX	
7.	J CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	tion Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full na	ime; do not omit, modify, i	or abbreviate any part of	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 covered co	ellateral A	SSIGN collateral	
	Indicate collateral:						
_		<u></u>					
	9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor						
	9a. ORGANIZATION'S NAME Citizens Bank, N.A. formerly kno	own as RBS	Citizens, N.A.			-	
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAMI	E(S)/INITIAL(S)	SUFFIX	
10	ODTIONAL ELED DESEDENCE DATA DALA Daniela O	<u> </u>					
ΙŪ.	OPTIONAL FILER REFERENCE DATA: Debtor: Douglas S. For	eman, D.O.	, Lta.			1244 90665	