OLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (op Phone: (800) 331-3282 Fax: (818) 662-					
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service					
C. SEND ACKNOWLEDGMENT TO: (Name and A	Address) 21371 - BANK	OF			
CT Lien Solutions P.O. Box 29071	579422	51			
Glendale, CA 91209-9071	RIRI				
File with: Secretary	of State. RI	THE AE	BOVE SPACE IS F	OR FILING OFFICE L	ISE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER 1211565450 8/31/2012 SS RI		1b. This FINANC (or recorded)	ING STATEMENT AM	ENDMENT is to be filed	[for record]
TERMINATION: Effectiveness of the Financing Statement	Statement identified above is to				_
ASSIGNMENT (full or partial): Provide name of a For partial assignment, complete items 7 and 9 a	Assignee in item 7a or 7b, <u>and</u>	address of Assignee in item 7c <u>an</u> ateral in item 8	d name of Assignor in	item 9	
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by a	g Statement identified above wipplicable law	ith respect to the security interest(s) of Secured Party aut	horizing this Continuation	Statement is
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by a PARTY INFORMATION CHANGE:	g Statement identified above w pplicable law	ith respect to the security interest(s) of Secured Party aut	horizing this Continuation	Statement is
continued for the additional period provided by a PARTY INFORMATION CHANGE: Check one of these two boxes:	pplicable faw AND Check one of the Change o	these three boxes to:			
continued for the additional period provided by a PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party	pplicable law AND Check one of CHANGE of record item 6a or	these three boxes to: name and/or address: Complete r 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c) of Secured Party aut ADD name: Comple 7a or 7b, and item 7	ete item DELETE nam	
continued for the additional period provided by a PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party	pplicable law AND Check one of CHANGE of record item 6a or	these three boxes to: name and/or address: Complete r 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	ADD name: Comple	ete item DELETE nam	e: Give record name
continued for the additional period provided by a PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party DURRENT RECORD INFORMATION: Complete for	pplicable law AND Check one of CHANGE of record item 6a or	these three boxes to: name and/or address: Complete r 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	ADD name: Comple	ete item DELETE nam	e: Give record name
CONTINUED FOR THE ADDITIONAL PERIOD PROVIDED BY A PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party CURRENT RECORD INFORMATION: Complete for 6a. ORGANIZATION'S NAME	pplicable law AND Check one of the CHANGE of record item 6a or Party Information Change - pro	these three boxes to: name and/or address: Complete r 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c	ADD name: Comple 7a or 7b, <u>and</u> item 7	ete item DELETE nam	e: Give record name
CHANGED OR ADDED INFORMATION: Complete for	AND Check one of CHANGE of record item 6a or Party Information Change - pre	these three boxes to: name and/or address: Complete f 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c pvide only <u>one</u> name (6a or 6b)	ADD name: Comple 7a or 7b, and item 7	ete item DELETE nam 'c to be deleted NAL NAME(S)/INITIAL(S)	e: Give record name in item 6a or 6b SUFFIX
Continued for the additional period provided by a PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party CURRENT RECORD INFORMATION: Complete for 6a. ORGANIZATION'S NAME LYNCH CORP. 6b. INDIVIDUAL'S SURNAME	AND Check one of CHANGE of record item 6a or Party Information Change - pre	these three boxes to: name and/or address: Complete f 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c pvide only <u>one</u> name (6a or 6b)	ADD name: Comple 7a or 7b, and item 7	ete item DELETE nam 'c to be deleted NAL NAME(S)/INITIAL(S)	e: Give record name in item 6a or 6b SUFFIX
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Continued for the additional period provided by a PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party CURRENT RECORD INFORMATION: Complete for 6a. ORGANIZATION'S NAME LYNCH CORP. 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for 7a. ORGANIZATION'S NAME The Individual'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	AND Check one of CHANGE of record item 6a or Party Information Change - pro	these three boxes to: name and/or address: Complete 6b; and item 7a or 7b and item 7c pvide only one name (6a or 6b) FIRST PERSONAL NAME - provide only one name (7a or 7b) (use e	ADD name: Comple 7a or 7b, and item 7 ADDITIO	ete item DELETE nam 'c to be deleted in the best of th	e: Give record name in item 6a or 6b SUFFIX the Debtor's name)

), NAME OF SECURED PARTY OF RECORD AUT If this is an Amendment authorized by a DEBTOR, check h	HORIZING THIS AMENDMENT: Provide only <u>one</u> name (lere and provide name of authorizing Debtor	9a or 9b) (name of Assignor, if this is an Assignn	ent)
9a. ORGANIZATION'S NAME BANK OF AMERICA, N.A.			
OR 96, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFI

RI SOS Filing Number: 201717727730 Date: 3/10/2017 3:24:00 PM

57942251

FOLLOW INSTRUCTIONS	ADDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on America 201211565450 8/31/2012 SS RI	dment form]		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ar	mendment form	-		
12a. ORGANIZATION'S NAME		1		
BANK OF AMERICA, N.A.		_		
OR 12b. INDIVIDUAL'S SURNAME]		
FIRST PERSONAL NAME		1		
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	1		
13. Name of DEBTOR on related financing statement (Name of a current Debtor of	f record required for indexin		PACE IS FOR FILING OFFICE US	
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or at	bbreviate any part of the Del	g purposes only in some ptor's name); see Instrui	ctions if name does not fit	13): Provide only
13a. ORGANIZATION'S NAME LYNCH CORP.		70		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
LYNCH CORP 50 LYNCH PLACE, CUMBERLAND, RI 02864 Secured Party Name and Address: BANK OF AMERICA, N.A 111 WESTMINSTER STREET, PROV.		tion of real estate:		
covers timber to be cut covers as-extracted collateral is filed a 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	s a fixture filing			
18. MISCELLANEOUS: 57942251-RI-0 21371 - BANK OF AMERICA CA O BANK O	OF AMERICA, N.A.	File with: Secretary of Stat	te, RI	