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_	CC FINANCING STATEMENT AMENDMENT LLOW INSTRUCTIONS						
A.	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		]				
₿.	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	1					
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 24430 - GEN	IUINE PARTS					
ſ	CT Lien Solutions 58243 P.O. Box 29071	3234					
	Glendale, CA 91209-9071 RIRI						
	File with: Secretary of State, RI		THE AROVE SPA	ACE IS E	OR FILING OFFICE US	E ONLY	
	NITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	MENT AM	ENDMENT is to be filed [fo		
<del>-</del>	1211039410 4/3/2012 SS RI			ldendum (Fo	rm UCC3Ad) and provide Debte		
2	TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated with	respect to the security interest(s	s) of Secure	ed Party authorizing this Te	rmination	
3. [	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected or	and address of Ascollateral in item 8	ssignee in item 7c <u>and</u> name of A	Assignor in	item 9	, <u>, , , , , , , , , , , , , , , , , , </u>	
4. 🖸	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	e with respect to	he security interest(s) of Secure	d Party aut	horizing this Continuation S	Statement is	
5.	PARTY INFORMATION CHANGE:		· · · · · · · · · · · · · · · · · · ·				
	CHAN	of these three box IGE name and/or a	ddress: Complete ADD nar	ne: Comple	ete itemDELETE name:	Give record name	
	his Change affects Debtor or Secured Party of record Item 6 URRENT RECORD INFORMATION: Complete for Party Information Change -			, <u>and</u> item 7	c to be deleted in	item 6a or 6b	
	68. ORGANIZATION'S NAME WYOMING AUTO PARTS, INC.	<u> </u>	, manife (ou or ob)			<del></del>	
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX	
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	ange - provide only o	ne name (7a or 7b) (use exact, full name	; do not omit,	modify, or abbreviate any part of th	e Debtor's name)	
	7a. ORGANIZATION'S NAME				•		
OR	7b. INDIVIDUAL'S SURNAME		**************************************				
INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
7c. N	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. [	COLLATERAL CHANGE: Also check one of these four boxes:	O collateral	DELETE collateral	DESTATE	covered collateral	ASSIGN collateral	
_	Indicate collateral:	o conditional		NEO IAIL	covered condicion	ASSIGN WILLIERS	
	AVE CECURED DADT/ DECORD					•	
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME his is an Amendment authorized by a DEBTOR, check here	ENDMENT: Pro name of authorizin		ame of Ass	signor, if this is an Assignme	ent)	
	9a. ORGANIZATION'S NAME GENUINE PARTS COMPANY						
OR -	95. INDIVIDUAL'S SURNAME	FIRST PERSONA	I NAME	ADDITIO	NAL NAME(SVINITIAL(S)	SUFFIX	
		, mor FERSONA	← i vr d¥iL	AUUIIIOI	AUT IAUME(ONIALLINE(O)	SUFFIX	
	PTIONAL FILER REFERENCE DATA: Debtor Name: WYOMING AU	TO PARTS, IN	IC.	1			

RI SOS Filing Number: 201717815040 Date: 3/31/2017 11:23:00 AM

9 on Amendment form			
SUFFIX			
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SUFFIX			
	THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
bebtor of record required for inde ify, or abbreviate any part of the	xing purposes only in so Debtor's name); see Ins	me filing offices - see Instruction item tructions if name does not fit	13): Provide anl
FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
VILMIONGTON, MA 0188;			
s filed as a fixture filing tem 17			
	FIRST PERSONAL NAME  148, Wyoming, RI 02896  VILMIONGTON, MA 01887  s filed as a fixture filling	FIRST PERSONAL NAME  148, Wyoming, RI 02896  VILMIONGTON, MA 01887  17. Description of real estate:  s filed as a fixture filing	148, Wyoming, RI 02896  VILMIONGTON, MA 01887  17. Description of real estate: