RI SOS Filing Number: 201717863410 Date: 4/11/2017 12:01:00 PM

UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-3 B. E-MAIL CONTACT AT FILER (optional)					
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1294 76368 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 filingacks@cscinfo filingacks	o.com ed In: Rhode Island (S.O.S.)			OR FILING OFFICE USE	
201211563140 08/31/2012		(or recorded) in the R	EAL ESTATE		.,
TERMINATION: Effectiveness of the Financing Statement iden Statement	tified above is terminated w	ith respect to the security int	erest(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate		Assignee in item 7c <u>and</u> nan	ne of Assignor	in item 9	 -
CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law		to the security interest(s) of	Secured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND This Change affects Debtor or Secured Party of record	Check one of these three bo CHANGE name and/or a item 6a or 6b; and item 7	dress: CompleteADD	name: Comple 7b, and item 7		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Ga. ORGANIZATION'S NAMECREATIVE RESOURCES	ation Change - provide only o	ne name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME"	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	arty Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, fo	ill name; do not o	nit, modify, or abbreviate any part o	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					00.7.7
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	CITY ADD collateral	DELETE collateral			COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	ADD collateral THIS AMENDMENT: Provide name of authorizing	ovide only <u>one</u> name (9a or 9b Debtor	RESTATE C	overed collateral	COUNTRY USA ASSIGN collateral
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and and all this is an Amendment authorized by a DEBTOR, check here and and all this is an Amendment authorized by a DEBTOR, check here and and all this is an Amendment authorized by a DEBTOR, check here are and all this is an Amendment authorized by a DEBTOR, check here are and all this is an Amendment authorized by a DEBTOR.	ADD collateral THIS AMENDMENT: Provide name of authorizing	ovide only <u>one</u> name (9a or 9t Debtor Citizens, N.A	RESTATE of	overed collateral	COUNTRY USA ASSIGN collateral