RI SOS Filing Number: 201718066540 Date: 5/22/2017 11:04:00 AM

UCC FINANCING STATEM FOLLOW INSTRUCTIONS	ENT AMENDMEN	Т				
A. NAME & PHONE OF CONTACT AT FIL Corporation Service Compar	ER (optional) ny 1-800-858-5294 (;olf				
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Na	me and Address)					
1314 20790 Corporation Service Company 801 Adlai Stevenson Drive	ER (optional) ny 1-800-858-5294 me and Address) Filed In: Rh	一				
Springfield, IL 62703	ilin Oc Filed In: Rt	ode Island (S.O.S.)	THE ABO	VE SPACE IS	FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUM 200705158190 07/06/2007	BER	1	(or recorded) in	the REAL ESTAT	MENDMENT is to be filed [f E RECORDS (Form UCC3Ad) and provide De	•
TERMINATION: Effectiveness of the F Statement	inancing Statement identified abov	re is terminated wi				
ASSIGNMENT (full or partial): Provide For partial assignment, complete items 7			Assignee in item 7c <u>an</u>	d name of Assig	nor in item 9	
CONTINUATION: Effectiveness of the continued for the additional period provides.		ove with respect t	o the security interest(s) of Secured Pa	rty authorizing this Continua	ition Statement is
5. PARTY INFORMATION CHANGE:	AND Check one	of these three box	es to:			
	d Party of record CHAN	GE name and/or ac a or 6b; <u>and</u> item 7a	dress: Complete or 7b <u>and</u> item 7c	ADD name: Con 7a or 7b, <u>and</u> iter	nplete item DELETE name n 7c to be deleted i	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Todaber		ge - provide only <u>o</u>	ne name (6a or 6b)		<u></u>	
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL			IONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION 7a. ORGANIZATION'S NAME	Complete for Assignment or Party Informat	on Change - provide or	ly <u>one</u> name (7a or 7b) (use i	exact, full name; do n	ot omit, modify, or abbreviate any pai	t of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME			n -	<u>-</u>	-	
INDIVIDUAL'S ADDITIONAL NAME(S)/IN	IITIAI (S)		 			SUFFIX
		1				
7c. MAILING ADDRESS		CITY		STAT	F POSTAL CODE	USA
COLLATERAL CHANGE: Also check Indicate collateral:	one of these four boxes: ADD	o collateral	DELETE collateral	RESTAT	E covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF REC	OR, check here and provide r	ame of authorizing	Debtor	a or 9b) (name of	Assignor, if this is an Assignr	nent)
OR 90, INDIVIDUAL'S SURNAME	·	FIRST PERSONA		ADDF	IONAL NAME(S)/INITIAL(S)	SUFFIX
	0440 Dobto-T-J-F	imita-				
10. OPTIONAL FILER REFERENCE DATA:	U44U Dedtor: I odađer I	_imitea				1314 20790