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	ICC FINANCING STATEMENT AMENDME	ENT						
A	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141							
В	E. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolterskluwe	er.com		1				
С	SEND ACKNOWLEDGMENT TO: (Name and Address) 34785	- BRO	OKLINE	1				
			5586					
	Glendale, CA 91209-9071	RI						
	File with: Secretary of State, RI			THE ABOVE SPA	CE IS E	OP FILIN	C OEEICE IISE	ONLY
	. INITIAL FINANCING STATEMENT FILE NUMBER			1b. This FINANCING STATE	MENT AM	ENDMEN	is to be filed [for	
20	01211991790 12/20/2012 SS RI  TERMINATION: Effectiveness of the Financing Statement identified	abovo i	s terminated with	(or recorded) in the REAl Filer: attach Amendment Add	dendum (Fo	rm UCC3Ad)	and provide Debtor	
_	Statement		<del></del>			_	trionzing this len	mination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate aff	or 7b, <u>a</u> iected c	<u>ind</u> address of As ollateral in item 8	signee in item 7c <u>and</u> name of A	ssignor in	item 9		
4.	CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above	with respect to the	ne security interest(s) of Secured	Party aut	horizing thi	s Continuation Sta	atement is
5.	PARTY INFORMATION CHANGE:		<u>-</u> .				_	
	Ontok one of these throughouts.		of these three box GE name and/or a		ne: Comple	ete item	, DELETE name: 0	Sive record name
_	This Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party Information C				and item 7	'c _	to be deleted in ite	
U. \	6a. ORGANIZATION'S NAME	iange -	provide only <u>one</u>	name (oa or 6b)				
OF	STEPHEN TURNER INC							
Ο,	6b. INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S	Symital(S)	SUFFIX
7. (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	ration Cha	nge - provide only o	ne name (7a or 7h) (use exact full name:	do not omit	modéhi orabh	musels any part of the f	Tobtor's name)
	7a. ORGANIZATION'S NAME					mouny, or moo	and any part or the L	Jedica a Hallies
or	7b. INDIVIDUAL'S SURNAME			,				
	76. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							<u></u>
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)							SUFFIX
7c.	MAILING ADDRESS		CITY		STATE	POSTAL C	ODE	COUNTRY
3. [	COLLATERAL CHANGE: Also check one of these four boxes:	ADD	collateral	DELETE collateral R	ESTATE	covered co	lateral AS	SIGN collateral
	Indicate collateral:							
3. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING THI	S AME	NDMENT: Prov	ride only one name (9a or 9b) (na	me of Ass	ignor, if this	is an Assignment	1
	this is an Amendment authorized by a DEBTOR, check here and pr		ame of authorizing			J .,	gimoni	
	9a. ORGANIZATION'S NAME BANK RHODE ISLAND							_
ЭR	9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITION	IAL NAME(S	VINITIAL(S)	SUFFIX
ο (	OPTIONAL FILER REFERENCE DATA: Dobtor Namo: STERHEN	LTUC	NED INC					

RI SOS Filing Number: 201718239160 Date: 6/26/2017 11:37:00 AM

Loan Servicing 725 - 0725

59445586

	CC FINANCING STATEMENT AMEND BLOW INSTRUCTIONS	MENT ADDE	NDUM			
11.	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 11211991790 12/20/2012 SS RI	1a on Amendment form	1	]		
12	, NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as	item 9 on Amendment	form	1		
	12a. ORGANIZATION'S NAME	<u>.</u>		1		
	BANK RHODE ISLAND					
OF	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
_					SPACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing statement (Name of a currone Debtor name (13a or 13b) (use exact, full name; do not omit,	ent Debtor of record re- modify, or abbreviate a	quired for indexing ny part of the Debt	purposes only in sor tor's name): see Inst	me filing offices - see Instruction item ructions if name does not fit	n 13): Provide only
	13a. ORGANIZATION'S NAME					
	STEPHEN TURNER INC					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
Del STI Sec	ADDITIONAL SPACE FOR ITEM 8 (Collateral): btor Name and Address: EPHEN TURNER INC - 319 HOPE STREET , PROVID cured Party Name and Address: NK RHODE ISLAND - 137 PITMAN STREET , PROVID					

15. This FINANCING STATEMENT AMENDMENT:		17. Description of real estate:		
covers timber to be cut covers as-extracted collateral	is filed as a fixture filing			
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):				
18 MISCELLANISCHIS: 59445586,RLO 34785 - RECOKLINE RANK	BANK PHODE ISLAND	File with: Constant of State Ct	1 C4-1- 705 0705	

Loan Servicing 725 - 0725 kvb