UCC FINANCING STATEMENT AMEN	INMENT				
FOLLOW INSTRUCTIONS	IDIMENI				
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	<u>_</u>	7			
B. E-MAIL CONTACT AT FILER (optional)		┨			
CLS-CTLS_Glendale_Customer_Service@wolten	skluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	34785 - BROOKLINE				
CT Lien Solutions P.O. Box 29071	59909327				
Glendale, CA 91209-9071	RIRI				
1	1				
File with: Secretary of State,	RI —	THE AB	OVE SPACE IS F	OR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201312094020 1/18/2013 SS RI		1b. This FINANCI	NG STATEMENT AN	ENDMENT is to be filed [for record)
2. TERMINATION: Effectiveness of the Financing Statement id	entified above is terminated wit			rm UCC3Ad) and provide Deb	
Statement			y moroottoy or occur	ca i pity addionzing this i	emmadori
 ASSIGNMENT (full or partial): Provide name of Assignee in in For partial assignment, complete items 7 and 9 and also ind 	tem 7a or 7b, and address of A	ssignee in item 7c <u>and</u>	name of Assignor in	item 9	
CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable lay	dentified above with respect to		of Secured Party aut	horizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	·	<u> </u>		<u> </u>	
	AND Check one of these three bo	xes to:			
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	address: Complete	ADD name: Completen 7a or 7b, and item 7		: Give record name
CURRENT RECORD INFORMATION: Complete for Party Inform				C Die deleted ii	riterii da di dib
6a. ORGANIZATION'S NAME			 		
OVERLAND SUPPLY INC					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7 CHANGED OR ADDED INFORMATION: Complete for Assistance of D					
 CHANGED OR ADDED INFORMATION: Complete for Assignment or P. ORGANIZATION'S NAME 	arty information Change - provide only	one name (7a or 7b) (use ex	act, full name; do not omit,	modify, or abbreviate any part of t	he Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				· -	
INDIVIDUAL'S FIRST PERSONAL NAME		<u></u>			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					CHEEN
Asks a second					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	İ			I	1

RESTATE covered collateral

If this is an Amendment authorized by a DEBTOR	D AUTHORIZING THIS AMENDMENT: Provide only one name check here and provide name of authorizing Deptor	(9a or 9b) (name of Assignor, if this is an Assignm	ent)
9a, ORGANIZATION'S NAME	and provide trained or destroying property.		
BANK RHODE ISLAND			
BANK RHODE ISLAND 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYMITIAL(S)	SUFFI

DELETE collateral

RI SOS Filing Number: 201718354160 Date: 7/25/2017 11:23:00 AM

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

Indicate collateral:

ASSIGN collateral

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201312094020 1/18/2013 SS RI 12, NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME BANK RHODE ISLAND 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit **OVERLAND SUPPLY INC** OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: OVERLAND SUPPLY INC - 42 SAMUEL AVENUE, PAWTUCKET, RI 02860 Secured Party Name and Address: BANK RHODE ISLAND - 445 PUTNAM PIKE , SMITHFIELD, RI 02917 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 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Loan Servicing 725 - 0725 nld

BANK RHODE ISLAND

File with: Secretary of State, RI

18. MISCELLANEOUS: 59909327-RI-0 34785 - BROOKLINE BANK