RI SOS Filing Number: 201718383160 Date: 7/31/2017 12:27:00 PM

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	IT				
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A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1343 07405 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: R	; o (1,,	-			
SPRFiling@cscinfo.com		4			
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Corporation Service Company	ı				
Springfield, IL 62703 silling Filed In: R	thode Island	į			
	(5.0.5.)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 674935 12/30/1997		or recorded) in the REAI	L ESTATE I	NDMENT is to be filed [for RECORDS m UCC3Ad) and provide Debto	•
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8					
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is					
continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check on	ne of these three b		ne: Comple	te item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record Item 6. CURRENT RECORD INFORMATION: Complete for Party Information Change	6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7b	and item 7	to be deleted in i	
6a. ORGANIZATION'S NAMEPerry-McStay Funeral Home, Ir		ONE Hame (oa or ob)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
	1				
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa 7a. ORGANIZATION'S NAME 	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not on	nit, modify, or abbreviate any part o	'the Debtor's name}
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral	DELETE collateral F	RESTATE o	overed collateral A	SSIGN collateral
Indicate collateral:					
OF OUR PROPERTY OF THE PROPERT					
	name of authorizi	ng Debtor	name of Ass	signor, if this is an Assignme	nt)
98 ORGANIZÁTION'S NÁMÉ Citizens Bank N A formerly kn	own as RB	S Citizens N A			_
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAMÉ	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Perry-McStay I	Funeral Ho	me, Inc.			<u> </u> 1343 07405