

**UCC FINANCING STATEMENT AMENDMENT**

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Phone: (800) 331-3282 Fax: (818) 662-4141																
<b>B. E-MAIL CONTACT AT FILER (optional)</b> CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com																
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 15405 - COLUMBIA <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%;"><b>CT Lien Solutions</b> P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 45%; text-align: center;"><b>60038229</b> <b>RIRI</b></div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div>																
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>																
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201211646690 9/27/2012 SS RI			<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13													
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement																
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8																
<b>4.</b> <input checked="" type="checkbox"/> <b>CONTINUATION:</b> 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																
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <span style="margin-left: 20px;"><u>AND</u> Check <u>one</u> of these three boxes to:</span> This Change affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;"><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</span>																
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;"><b>6a. ORGANIZATION'S NAME</b> HARBOR GROUP HOME, LLC</td></tr><tr><td style="width: 33%; padding: 5px;"><b>OR</b> <b>6b. INDIVIDUAL'S SURNAME</b></td><td style="width: 33%; padding: 5px;"><b>FIRST PERSONAL NAME</b></td><td style="width: 33%; padding: 5px;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></td><td style="width: 3%; padding: 5px;"><b>SUFFIX</b></td></tr></table>					<b>6a. ORGANIZATION'S NAME</b> HARBOR GROUP HOME, LLC				<b>OR</b> <b>6b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>				
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<b>7. CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;"><b>7a. ORGANIZATION'S NAME</b></td></tr><tr><td style="width: 33%; padding: 5px;"><b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b></td><td colspan="3" style="padding: 5px;"><b>INDIVIDUAL'S FIRST PERSONAL NAME</b></td></tr><tr><td colspan="3" style="padding: 5px;"><b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b></td><td style="padding: 5px;"><b>SUFFIX</b></td></tr></table>					<b>7a. ORGANIZATION'S NAME</b>				<b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b>	<b>INDIVIDUAL'S FIRST PERSONAL NAME</b>			<b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b>			<b>SUFFIX</b>
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<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE:</b> <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:																
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;"><b>9a. ORGANIZATION'S NAME</b> RIVERSOURCE LIFE INSURANCE COMPANY</td></tr><tr><td style="width: 33%; padding: 5px;"><b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b></td><td style="width: 33%; padding: 5px;"><b>FIRST PERSONAL NAME</b></td><td style="width: 33%; padding: 5px;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></td><td style="width: 3%; padding: 5px;"><b>SUFFIX</b></td></tr></table>					<b>9a. ORGANIZATION'S NAME</b> RIVERSOURCE LIFE INSURANCE COMPANY				<b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>				
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<b>10. OPTIONAL FILER REFERENCE DATA:</b> Debtor Name: HARBOR GROUP HOME, LLC 60038229 694002639 MA																

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

201211646690 9/27/2012 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

RIVERSOURCE LIFE INSURANCE COMPANY

OR

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

13a. ORGANIZATION'S NAME

HARBOR GROUP HOME, LLC

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

HARBOR GROUP HOME, LLC - ONE RICHMOND SQUARE , PROVIDENCE, RI 02906

Secured Party Name and Address:

RIVERSOURCE LIFE INSURANCE COMPANY - 25540 AMERIPRISE FINANCIAL CENTER , MINNEAPOLIS, MN 55474

15. This FINANCING STATEMENT AMENDMENT:

☐ 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):

17. Description of real estate:

18. MISCELLANEOUS: 60038229-RI-0 15405 - COLUMBIA MANAGEMENT RIVERSOURCE LIFE INSURANCE File with: Secretary of State, RI 694002639 MA