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UCC FINANCING STATEMENT AME	NDMENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141						
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolf	terskluwer.com]			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	34785 - BROO	OKLINE]			
CT Lien Solutions P.O. Box 29071	60596	521				
Glendale, CA 91209-9071	RIRI					
File with: Secretary of State	io DI		THE AROVE SP	ACE IS EC	R FILING OFFICE USE	ONLY
18. INITIAL FINANCING STATEMENT FILE NUMBER 201312266670 3/13/2013 SS RI			1b. This FINANCING STAT (or recorded) in the RE	EMENT AMI	NDMENT is to be filed (for	record]
TERMINATION, Effectiveness of the Financing Statement Statement	nt identified above is	terminated with			•	
3. ASSIGNMENT (full or partial): Provide name of Assigned	om item 7a or 7b, <u>a</u>	nd address of A	ssignee in item 7c and name of	Assignor in	tem 9	
For partial assignment, complete items 7 and 9 and also	indicate affected or	ollateral in item l	3			
 CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable 		with respect to	the security interest(s) of Secur	ed Party auth	ionzing this Continuation St	atement is
5. PARTY INFORMATION CHANGE:	AND Check one	of these three bo	xes to:			
Check one of these two boxes		GE name and/or a	address: CompleteADD n	ame Comple		Give record name
This Change affects Debtor or Secured Party of record				b, <u>and</u> item 7	c j to be deleted in it	Um Qa Or OO
 CURRENT RECORD INFORMATION: Complete for Party Inf 6a ORGANIZATION'S NAME 	iormation Change -	provide only onl	iname (oa or oo)			
TRI-JAY CO.						
OR 66 INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	t or Party Information Ch	ange - provide only	cone name (Ze or 7b): (use exect, full na	re, do not omit,	modify or abbreviate any part of the	Ontrov's name)
76 ORGANIZATION'S NAME						
OR 75. INDIVIDUAL'S SURNAME				- ·		
INDIVIDUAL'S FIRST PERSONAL NAME					-	
						Laussu
(2) ALTIMIY2) SMAN LANGITIODA 2' JALIGIVIGNI						SUFFIX
/c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8 COLLATERAL CHANGE. Also check one of these for	our boxes: ADE) collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral.					_	
9, NAME OF SECURED PARTY OF RECORD AUTHO	RIZING THIS AM	ENDMENT P	rovide only one name (9a or 9b)	(name of As	sionor if this is an Assionme	ent)
If this is an Amendment authorized by a DEBTOR, check here	_	name of authoriz				<u> </u>
9% ORGANIZATIONS NAME BANK RHODE ISLAND						
OR 96 INDIVIDUAL'S SURNAME		FIRST PERSON	IAL NAME	ADDITK	NAL NAME(S)/INITIAL(S)	SUFFIX
		<u> </u>				<u> </u>
10. OPTIONAL FILER REFERENCE DATA: Debtor Name		······································				
60596521 Loan Servicin	g 725 - 0725				nld	

RI SOS Filing Number: 201718552890 Date: 9/15/2017 3:07:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201312266670 3/13/2013 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME BANK RHODE ISLAND 125. 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 fling 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 TRI-JAY CO. OR SUFFIX 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(SYNITIAL(S) FIRST PERSONAL NAME 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: TRI-JAY CO. - TWO INDUSTRIAL LANE, JOHNSTON, RI 02919 Secured Party Name and Address: BANK RHODÉ ISLAND - ONE TURKS HEAD PLACE, PROVIDENCE, RI 02903 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut ____ covers as-extracted collateral ____ is filed as a fixture fling Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)

Loan Serving 725 - 0725 Inid

18. MISCELLANEOUS 60596521-RI-0 34785 - BROOKLINE BANK

BANK RHODE ISLAND

File with Secretary of State, RI