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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Τ			
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@wolterskluwer.cc	nm	1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 32814 - TH		1		
	28905			
P.O. Box 29071 Glendale, CA 91209-9071 RIRI				
Gleridale, CA 91209-9071				
File with: Secretary of State, RI		THE ABOVE SPA	CE IS FOR FILING OFFICE	FILSE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			MENT AMENDMENT is to be file	
200805953000 2/13/2008 SS RI		Filen <u>ettach</u> Amendment Add	endum (Form UCC3Ac) <u>and</u> provide	
2 TERMINATION: Effectiveness of the Financing Statement identified about Statement	ve is terminated with	respect to the secunty interest(s)	of Secured Party authorizing th	nis Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 71 For partial assignment, complete items 7 and 9 and also indicate affected.			ssignor in item 9	
4 CONTINUATION Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect to	the secunty interest(s) of Secured	Party authorizing this Continual	tion Statement is
5. PARTY INFORMATION CHANGE:	one of these three box	voc to		
Check only of place (we object	IANGE name and/or a m 6a or 6b, and item :	address Complete ADD nam		ame. Give record name ed in item 6a or 6b
6. CURRENT RECORD INFORMATION Complete for Party Information Change			<u></u>	
60 ORCANIZATION'S NAME ABCORE RESTORATION COMPANY, INC.				
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Información 76 ORGANIZATION'S NAME 	n Change - provide only	ong name (7a or 7b) (use exact ful-name,	do not omit imodify, or abbreviate any pa	it of the Deptor's name)
OR A HUDDOUGHANT STRANG				
76 INDIVIDUAL'S SURMANE				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDMIDUAL'S ADDITIONAL NAME(SYMITIAL(S)				SUFFIX
1				
7c MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8 COLLATERAL CHANGE. Also check one of these four boxes.	ADD collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral
Indicate collateral				
9, NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT: Pr		ame of Assignor, if this is an Assi	gnmert)
90 ORGANIZATION'S NAME		<u> </u>		
OR 96 INDIVIDUALS SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
		-		
10. OPTIONAL FILER REFERENCE DATA. Debtor Name: ABCORE RI	ESTORATION C	OMPANY, INC.		

RI SOS Filing Number: 201819064210 Date: 1/18/2018 12:01:00 PM

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LICC FINANCING STATEMENT AMENDMENT ADDENDUM

INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Arr	nendment form	1		
0805953000 2/13/2008 SS RI		ŀ		
NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 or	n Amendment form	1		
128 ORGANIZATION'S NAME		}		
THE WASHINGTON TRUST COMPANY	<u>.</u>	ļ		
126 INDIVIDUAL'S SURNAME		1		
FIRST PERSONAL NAME		ļ		
		}		
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX			
Name of DEBTOR on related financing statement (Name of a current Debto	or of record remured for indexion	<u> </u>	ACE IS FOR FILING OFFICE U	
one Debtor name (13a or 13b) (use exact, full name, do not ornit, modify, o				n 13) Provide on
13% ORGANIZATIONS NAME				······································
ABCORE RESTORATION COMPANY, INC.			<u></u>	
136 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	^^	DOITIONAL NAME(SYINITIAL(S)	SUFFIX
ADDITIONAL SPACE FOR ITEM 8 (Collateral)				
This FINANCING STATEMENT AMENDMENT	17 Descri	tion of real estate:		
This FINANCING STATEMENT AMENDMENT : covers timber to be cut — covers as-extracted collateral — is fill	ed as a fixture filing	tion of real estate:		
Covers timber to be cut covers as-extracted collateral is fill Name and address of a RECORD OWNER of real estate described in item	ed as a fixture filing	tion of real estate:		
covers timber to be cut covers as-extracted collateral is file	ed as a fixture filing	tion of real estate:		
Covers timber to be cut covers as-extracted collateral is fill Name and address of a RECORD OWNER of real estate described in item	ed as a fixture filing	tion of real estate:		
Covers timber to be cut covers as-extracted collateral is fill Name and address of a RECORD OWNER of real estate described in item	ed as a fixture filing	tion of real estate:		
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Covers timber to be cut covers as-extracted collateral is fill Name and address of a RECORD OWNER of real estate described in item	ed as a fixture filing	tion of real estate:		