

**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> 34785 - BROOKLINE				
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071		62756269  RIRI		
File with: Secretary of State, RI				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201312872060 8/19/2013 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: attach Amendment Addendum (Form UCC3Ad) and 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 (full or partial):</b> 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				
<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: 50px;">AND Check <u>one</u> of these three boxes to:</span> This Change affects <input type="checkbox"/> Debtor or <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, and item 7a or 7b and item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADD name: Complete item 7a or 7b, and 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)				
<b>6a. ORGANIZATION'S NAME</b> FI MANAGEMENT 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>
<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)				
<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>7c. MAILING ADDRESS</b>				
<b>CITY</b>		<b>STATE</b>	<b>POSTAL CODE</b>	<b>COUNTRY</b>
<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE</b> Also 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				
<b>9a. ORGANIZATION'S NAME</b> BANK RHODE ISLAND				
<b>OR</b>				
<b>9b. INDIVIDUAL'S SURNAME</b>		<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Debtor Name: FI MANAGEMENT LLC 62756269 Loan Servicing 725 - 0725				

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
201312872060 8/19/2013 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME BANK RHODE ISLAND	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 FI MANAGEMENT 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:

FI MANAGEMENT LLC - 929 NORTH MAIN STREET , PROVIDENCE, RI 02904

Secured Party Name and Address:

BANK RHODE ISLAND - 499 SMITHFIELD AVENUE , PAWTUCKET, RI 02860

15. This FINANCING STATEMENT AMENDMENT. <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	