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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.com C. SEND ACKNOWLEGGMENT TO. (Name and Address) E00240 - SIAA, INC. Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 RIRI File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE a. INITIAL FINANCING STATEMENT FILE NUMBER [In] This FINANCING STATEMENT AMENDMENT as to be file C00806560180 7/30/2008 SS RI THE ABOVE SPACE IS FOR FILING OFFICE a. INITIAL FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE a. INITIAL FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE a. INITIAL FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE a. INITIAL FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE In] This FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE In] This FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE In] This FINANCING STATEMENT AMENDMENT as to be file File with: Secretary of State, RI THE ABOVE SPACE IS FOR FILING OFFICE In] This FINANCING STATEMENT AMENDMENT AMENDMENT as to be file File with a secretary and state and s	
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT. Provide only one name (9a or 9b) (name of Assignor, if this is an Assignor of this is an Assignor of this is an Amendment authorized by a DEBTOR, check here.	ASSIGN collate
9a organization's name Satellite Agency Network Group, Inc.	
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0. OPTIONAL FILER REFERENCE DATA: Debtor Name: Competitive Insurance Associates LLC	

RI SOS Filing Number: 201819284870 Date: 3/14/2018 1:53:00 PM

ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a	on Amendment form		
806560180 7/30/2008 SS RI			
IAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it 12a, ORGANIZATIONS NAME	em 9 on Amendment form		
Satellite Agency Network Group, Inc.			
12b. INDIVIDUAL'S SURNAME			
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tame of DEBTOR on related financing statement (Name of a current one Debtor name (13a or 13b) (use exact, full name; do not omit, in	nt Debtor of record required for indexing purpo:		
13a ORGANIZATION'S NAME	,,		
Competitive Insurance Associates LLC 136 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
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ured Party Name and Address:	Hampton, NH 03842 17. Description of stilled as a fixture filling	real estate:	
This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral lame and address of a RECORD OWNER of real estate described	Hampton, NH 03842 17. Description of stilled as a fixture filling	real estate:	