	er: 20°	18194067	40 Da	te: 4/5/2018 12:2	22:00 P	M				
	C FINANCING STATEMENT AMEN	NDMENT								
Α. ١	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141]						
B. 8	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte:	rskluwer.com		1						
C. 5	SEND ACKNOWLEDGMENT TO: (Name and Address)	23236 - CATH	IAY BANK	1						
١٢	Lien Solutions	63530	537							
	P.O. Box 29071 Glendale, CA 91209-9071	RIRI	•							
L		01		TUE ABOVE O	DA OF 15 F	DD FILLING OFFICE US	er om v			
1a II	File with: Secretary of State, NITIAL FINANCING STATEMENT FILE NUMBER	RI		<u>* </u>		OR FILING OFFICE US ENDMENT is to be filed (fo				
021	384 5/15/2003 SS RI			(or recorded) in the RI Filen attach Amendment		. RECORDS m UCC3Ad) <u>and</u> provide Debto	ors name in item 13			
2 [TERMINATION: Effectiveness of the Financing Statement in Statement	dentified above is	terminated with	respect to the security interes	t(s) of Secure	ed Party authorizing this Te	rmination			
3. [ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also in				f Assignor in	item 9				
4. 2	CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable la		with respect to t	he secunty interest(s) of Secu	red Party aut	honzing this Continuation S	Statement is			
	PARTY INFORMATION CHANGE:	AND Check one of	of those three how	as lo						
	heck <u>one</u> of these two boxes. his Change affects Debtor or Secured Party of record	CHANC	SE name and/or a	ddress CompleteADD r	name: Comple 7b. <u>and</u> item 7	ete item DELETE name:	Give record name			
	URRENT RECORD INFORMATION Complete for Party Infor				ro. <u>and</u> item r	c [_] to be descreted an	item da de do			
	60 ORGANIZATION'S NAME	ND	· 	•						
OR	FORTUNE METAL, INC. OF RHODE ISLA	שאו	FIRST PERSON	M NAME	Гаропно	NAL NAME(SYINITIAL(S)	SUFFIX			
7. C	HANGED OR ADDED INFORMATION, Complete to Assignment of 7a ORGANIZATION'S NAME	Party Information Cha	nge - provide only (one name (7a or 7b) (use exact, full na	me, do not oma,	modify, or abbreviate any part of th	e Debtor's name)			
OR										
	76 INDIVIDUAL'S SURNAME									
	INDIVIDUAL'S FIRST PERSONAL NAME									
	INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)				_		SUFFIX			
7c I	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY			
8. [COLLATERAL CHANCE. Also shoet one of these few	haves DADD	coffateral	DELETÉ collateral	DESTATE	covered collateral	ASSIGN collateral			
о	☐ COLLATERAL CHANGE Also check one of these four Indicate collateral	boxesADD	collateral	DELETE conateral	J KESIKIE	covered collateral [_]	ASSIGN COIGIGES			
	AME OF SECURED PARTY OF RECORD AUTHORI.) (name of As	s gnor, if this is an Assignmi	ent)			
"	9a. ORGANIZATION'S NAME	and provide n	ame of authorizing	ig Debiti						
OR	CATHAY BANK, FLUSHING OFFICE	<u></u>								
٠ ٨	96 INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX			
10 (DPTIONAL FILER REFERENCE DATA. Debtor Name: F	ORTUNE MET	TAL, INC. OF	RHODE ISLAND						
	30537 FORTUNE MET					3002586 ny region co	orp lending			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLL	OW INSTRUCTIONS					
	TIAL FINANCING STATEMENT FILE NUMBER Same as iter	m 1a on Amendment form				
_	AME OF PARTY AUTHORIZING THIS AMENDMENT Same:					
	12a ORGANIZATION'S NAME					
-	CATHAY BANK, FLUSHING OFFICE					
OR	26. INDIVIDUAL'S SURNAME.					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYMITIAL(S)		SUFFIX			
				THE ABOVE S	SPACE IS FOR FILING OFFICE US	E ONLY
	ame of DEBTOR on related financing statement (Name of a cone Debtor name (13a or 13b) (use exact, full name; do not om			purposes only in son	ne filing offices - see Instruction item	-
	33 ORGANIZATIONS NAME FORTUNE METAL, INC. OF RHODE ISLAN	D				
OR	36. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Secu CAT	TUNE METAL, INC. OF RHODE ISLAND - 105 VA TUNE METAL, INC. OF RHODE ISLAND - 2 CRO red Party Name and Address: HAY BANK, FLUSHING OFFICE - 40-14 MAIN STI	W POINT ROAD , LIN	ICOLN, RI 028	CE, RI 02914 365		
	covers timber to be cut. Covers as-extracted collateral ame and address of a RECORD OWNER of real estate describetor does not have a record interest)		[ling]			