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	C FINANCING STATEM	ENT AMENDMENT					
	NAME & PHONE OF CONTACT AT FIL Phone: (800) 331-3282 Fax: (818)			]			
В. Е	E-MAIL CONTACT AT FILER (optional) CLS-CTLS Glendale Customer		· <del>-</del> ···				
C. S	SEND ACKNOWLEDGMENT TO: (Nam	•		i			
lr	 Lien Solutions	6356	$\neg$				
'	P.O. Box 29071		1037				
	Glendale, CA 91209-9071	RIRI					
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Ļ		cretary of State, RI		<u>*</u>		OR FILING OFFICE U	
	NITIAL FINANCING STATEMENT FILE NU 1806462510 7/1/2008 SS RI	TWREK		(or recorded) in the REA	LESTATE	ENDMENT is to be filed [ RECORDS m UCC3Ad) <u>and</u> provide Det	•
2.	TERMINATION: Effectiveness of the Fin Statement	ancing Statement identified above	is terminated with	respect to the security interest(s	) of Secure	ed Party authorizing this 1	ermination
3. [	ASSIGNMENT (full or partial): Provide n For partial assignment, complete items 7				Assignor in	item 9	
4. 🛭	CONTINUATION Effectiveness of the F continued for the additional period provides		ve with respect to t	the security interest(s) of Secured	d Party auti	honzing this Continuation	Statement is
5. 📒	PARTY INFORMATION CHANGE:			-		<del></del>	
С	heck <u>one</u> of these two boxes		e of these three box NGE name and/or a		ne Comple	ete item DELETE name	e. Give record name
_	his Change affects Debtor or Securi URRENT RECORD INFORMATION Com:				. <u>and</u> rem 7	c to be deleted i	n ilem 6a or 6b
6. 0	6a ORGANIZATION'S NAME	sete for Party miorination Change	- provide only <u>one</u>	name (oa or oo)		<del></del> -	
OR	THE ELMS OF WESTERLY,	LLC					
	66 INDIVIDUAL'S SURNAME		FIRST PERSON.	AL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: CO	mplete for Assignment or Party Information C	Pange - provide only	gge inume (7a or 7b). (use exact, full name	, do not omfi,	modify, or abbreviate any part of	the Debtor's name)
	78. ORGANIZATION'S NAME						
OR	76 INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME					· • •	
	INDIVIDUAL'S ADDITIONAL NAME(SYINITU	M(S)				<del></del> .	SUFFIX
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7c I	MAILING ADDRESS		CITY		SIATE	POSTAL CODE	COUNTRY
8. [	COLLATERAL CHANGE Also check	one of these four boxes:	DD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
	Indicate collateral:	_					
_							
	AME OF SECURED PARTY OF REC this is an Amendment authorized by a DEB	_	MENDMENT: Pr		name of As	signor, if this is an Assigni	ment)
	9a. ORGANIZATION'S NAME						
ÓR	THE WASHINGTON TRUST		FIRST PERSON	AL NAVE	ADOMO	NAL NAME(SYNITIAL(S)	SUFFIX
	The state of the s			- w =			
	DPTIONAL FILER REFERENCE DATA.		F WESTERLY	LLC	<u> </u>		•
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	06462510 7/1/2008 SS RI		4		
_	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am 2a ORGANIZATION'S NAME	nendment form			
	THE WASHINGTON TRUST COMPANY				
OR ,	26 INDIVIDUAL'S SURNAME				
-	FIRST PERSONAL NAME	<u>.</u>	-		
-	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	_		
			THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
	ame of DEBTOR on related financing statement (Name of a current Debtor of ne Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or ab				n 13): Provide onl
- 1	39 ORGANIZATION'S NAME THE ELMS OF WESTERLY, LLC				
OR 1	36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
丄	DDITIONAL SPACE FOR ITEM 8 (Collateral)			1	
15. Tr	nis FINANCING STATEMENT AMENDMENT:	17. De:	cription of real estate.		
	covers timber to be cut covers as-extracted collateral is filed a	17. Des	cription of real estate.		
16. N			cription of real estate.		
16. N	covers timber to be cut covers as-extracted collateral is filed a ame and address of a RECORD OWNER of real estate described in item 17		cription of real estate.		