

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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 ACKNOWLEDGMENT TO: (Name and Address) 34785 - BROOKLINE <div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 60%; padding: 5px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 35%; text-align: center; padding: 5px;">63832673 RIRI</div></div> <div style="text-align: right; padding: 5px;">File with: Secretary of State, RI</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201313119650 10/22/2013 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>				
4. <input checked="" type="checkbox"/> CONTINUATION: 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				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;"><small>Check <u>one</u> of these two boxes:</small> This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div style="width: 50%;"><small>AND Check <u>one</u> of these three boxes to:</small> <div style="display: flex; justify-content: space-between;"><div><small>CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c</small></div><div><small>ADD name: Complete item 7a or 7b, and item 7c</small></div><div><small>DELETE name: Give record name to be deleted in item 6a or 6b</small></div></div></div></div>				
6. CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">6a. ORGANIZATION'S NAME HEALTH CONCEPTS LTD.</div> <div style="display: flex; border-top: 1px solid black; border-bottom: 1px solid black;"><div style="width: 35%; border-right: 1px solid black; padding: 5px;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 25%; border-right: 1px solid black; padding: 5px;">FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; padding: 5px;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION. 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) <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">7a. ORGANIZATION'S NAME</div> <div style="display: flex; border-top: 1px solid black; border-bottom: 1px solid black;"><div style="width: 35%; border-right: 1px solid black; padding: 5px;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 65%; padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</div></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">INDIVIDUAL'S SUFFIX</div>				
7c. MAILING ADDRESS			CITY	STATE
			POSTAL CODE	COUNTRY
8. <input type="checkbox"/> COLLATERAL CHANGE: 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 <small>Indicate collateral:</small>				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">9a. ORGANIZATION'S NAME BANK RHODE ISLAND</div> <div style="display: flex; border-top: 1px solid black; border-bottom: 1px solid black;"><div style="width: 35%; border-right: 1px solid black; padding: 5px;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 25%; border-right: 1px solid black; padding: 5px;">FIRST PERSONAL NAME</div><div style="width: 20%; border-right: 1px solid black; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; padding: 5px;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: HEALTH CONCEPTS LTD. 63832673 Loan Servicing 725 - 0725				

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
201313119650 10/22/2013 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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

HEALTH CONCEPTS LTD.

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:

HEALTH CONCEPTS LTD. - 359 BROAD STREET , PROVIDENCE, RI 02907

Secured Party Name and Address:

BANK RHODE ISLAND - ONE CITIZENS PLAZA , PROVIDENCE, RI 02903

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest).

17. Description of real estate