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UCC FINANCING STA	ATEMENT AMENDMEN	IT				
FOLLOW INSTRUCTIONS			_			
A. NAME & PHONE OF CONTAC Phone: (800) 331-3282 Fa		<u> </u>				
B. E-MAIL CONTACT AT FILER (CLS-CTLS_Glendale_Cu	optional) stomer_Service@wolterskluwer.c	com				
C. SEND ACKNOWLEDGMENT	(Name and Address) 32814 - T	HE				
Lien Solutions	639	48701				
P.O. Box 29071 Glendale, CA 91209-	9071 RIR	1				
	1 (1)					
	with: Secretary of State, RI		THE ABOVE SP	ACE IS FO	OR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMEN 201312609990 6/7/2013			(or recorded) in the RE	AL ESTATE		•
	of the Financing Statement identified ab	ove is terminated with			m UCC3Ad) and provide Debi ad Party authorizing this To	
	Provide name of Assignee in item 7a or item 7 and also indicate affect			Assignor in	rtem 9	
4. CONTINUATION: Effectivenes	s of the Financing Statement identified a riod provided by applicable law			ed Party auti	horizing this Continuation S	Statement is
5. PARTY INFORMATION CHAN	. , , , ,					
Check one of these two boxes:		one of these three box		ime: Comple	ete dem DELETE came:	Give record name
This Change affects Debtor or	Secured Party of record in	em 6a or 6b, <u>and</u> item i	7a or 7b <u>and</u> item 7c] 7a or 7i	and item 7		
6. CURRENT RECORD INFORMATION S NAME	ON. Complete for Party Information Char	nge - provide only <u>one</u>	name (6a or 6b)		<u> </u>	
TIDY-UP INC.						
Gb. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIONAL NAME(SYNITIAL(S)		SUFFIX
7. CHANGED OR ADDED INFORMA	TION: Complete for Assignment or Party Informati	on Change - provide only	one name (7a or 7b) (use exact, full nam	e, do not oms, i	modify, or abbreviate any part of th	e Debtor's name)
7a ORGANIZATION'S NAME						
OR 76. INDIVIOUAL'S SURNAME						
INDIVIOUAL'S FIRST PERSONAL	L NAME				·-·	
INDIVIDUAL SPIRST PERSONAL	LIVUE					
INDIVIDUAL'S ADDITIONAL NAM	'E(SYNITIAL(S)				·	SUFFIX
7c MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: A	dso check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:						
9, NAME OF SECURED PARTY	OF RECORD AUTHORIZING THIS	AMENDMENT: Pr	ovide only <u>one</u> name (9a or 9b) (name of Ass	signor, if this is an Assignm	ent)
If this is an Amendment authorized 9n. ORGANIZATION'S NAME	by a DEBTOR, check here and prov	nde name of authorize	ng Debtor			
THE WASHINGTON T	RUST COMPANY					
9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME	OITICCA	NAL NAME(SYMITIAL(S)	SUFFIX
10 OPTIONAL FILER RESERVO	DATA Dahter Name Time II	10				
63948701	DATA. Debtor Name: TIDY-UP IN WLM	IC.			79998862	

RI SOS Filing Number: 201819592010 Date: 5/3/2018 2:26:00 PM

UCC FINANCING STATEMENT AMENT OF STATEMENT OF STATEMENT AMENT OF STATEMENT OF S	IDMENT ADDE	NDOM		
1, INITIAL FINANCING STATEMENT FILE NUMBER: Same as it	em 1a on Amendment for	n		
01312609990 6/7/2013 SS RI				
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Amendmen	l form		
128. ORGANIZATION'S NAME THE WASHINGTON TRUST COMPANY				
20				
DR 125, INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADOTTONAL NAME(SYINITIAL(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US:	E ONLY
 Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name; do not or 				13): Provide o
139 ORGANIZATION'S NAME TIDY-UP INC.				
DR 136. INDIVIDUAL'S SURNAME	FIRST P	ERSONAL NAME	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
5. This FINANCING STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collater 6. Name and address of a RECORD OWNER of real estate desc (if Debtor does not have a record interest):		·	non of real estate:	