

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C SEND ACKNOWLEDGMENT TO (Name and Address)	
1476 17491 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Rhode Island (S O S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 200300780930 11/05/2003	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For REACT Amendment Addendum (Form UCC3AD) and provide Debtor's name in item 13
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2 **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 **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
For partial assignment, complete items 7 and 9 **and** also indicate affected collateral in item 8

4 **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 **PARTY INFORMATION CHANGE**
Check **one** of these two boxes: Debtor or Secured Party of record
AND Check **one** of these three boxes to:
 CHANGE name and/or address: Complete item 6a or 6b **and** item 7a or 7b **and** item 7c
 ADD name: Complete item 7a or 7b, **and** item 7c
 DELETE name: Give record name to be deleted in item 6a or 6b

6 **CURRENT RECORD INFORMATION** Complete for Party Information Change - provide only **one** name (6a or 6b)

6a ORGANIZATION'S NAME: HOLIDAY RETIREMENT HOME INC.				
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7 **CHANGED OR ADDED INFORMATION** Complete for Assignment or Party Information Change - provide only **one** name (7a or 7b); use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name(s)

OR	7a ORGANIZATION'S NAME			
	7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA
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8 **COLLATERAL CHANGE** Also 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** Provide only **one** name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a ORGANIZATION'S NAME: Citizens Bank, N.A. formerly known as RBS Citizens, N.A.				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10 **OPTIONAL FILER REFERENCE DATA** Debtor: HOLIDAY RETIREMENT HOME INC. 1476 17491