

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) 1523 81730 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 200401041020 03/02/2004			1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (if from UCC3Ad) and provide Debtor's name in item 13																	
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 <u>one</u> of these two boxes: ☐ Debtor or ☐ Secured Party of record AND Check <u>one</u> 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 <u>one</u> name (6a or 6b) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a ORGANIZATION'S NAME KRA (Post) Acquisition, LLC</td></tr><tr><td style="width: 40%; padding: 5px;">6b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					6a ORGANIZATION'S NAME KRA (Post) Acquisition, LLC				6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
6a ORGANIZATION'S NAME KRA (Post) Acquisition, LLC																				
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 <u>one</u> name (7a or 7b) (use exact full name; do not omit, modify or abbreviate any part of the Debtor's name) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a ORGANIZATION'S NAME</td></tr><tr><td colspan="4" style="padding: 5px;">7b INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>					7a ORGANIZATION'S NAME				7b INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
7a ORGANIZATION'S NAME																				
7b INDIVIDUAL'S SURNAME																				
INDIVIDUAL'S FIRST PERSONAL NAME																				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX																	
7c MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;"></td><td style="width: 20%; padding: 5px;">CITY</td><td style="width: 10%; padding: 5px;">STATE</td><td style="width: 20%; padding: 5px;">POSTAL CODE</td><td style="width: 10%; padding: 5px;">COUNTRY USA</td></tr></table>						CITY	STATE	POSTAL CODE	COUNTRY USA											
	CITY	STATE	POSTAL CODE	COUNTRY USA																
8 ☐ COLLATERAL CHANGE Also check <u>one</u> of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTRICT covered collateral ☐ ASSIGN collateral Indicate collateral:																				
9 NAME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> 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: <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.</td></tr><tr><td style="width: 40%; padding: 5px;">9b INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.				9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.																				
9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																	
10 OPTIONAL FILER REFERENCE DATA Debtor: KRA (Post) Acquisition, LLC 1523 81730																				