

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> <b>Kathleen Gude 508-946-8766</b>				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> <b>loanoperations@rocklandtrust.com</b>				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"><b>Rockland Trust Company</b> <b>30 South Main Street</b> <b>Middleboro, MA 02346</b></div>				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> <b>#200807042540 filed 12/23/2008</b>			<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.				
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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				
<b>4.</b> <input checked="" type="checkbox"/> <b>CONTINUATION:</b> 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.				
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6a. ORGANIZATION'S NAME <b>New Polish National Home, LLC</b></div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 15%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 25%;">SUFFIX</div></div>				
<b>7. CHANGED OR ADDED INFORMATION:</b> 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="display: flex; justify-content: space-between;"><div style="width: 40%;">7a. ORGANIZATION'S NAME</div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 85%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7c. MAILING ADDRESS</div><div style="width: 15%;">CITY</div><div style="width: 10%;">STATE</div><div style="width: 15%;">POSTAL CODE</div><div style="width: 20%;">COUNTRY</div></div>				
<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE:</b> 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 Indicate collateral:				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> 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 <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9a. ORGANIZATION'S NAME <b>Rockland Trust Community Development IV LLC</b></div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 15%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 25%;">SUFFIX</div></div>				
<b>10. OPTIONAL FILER REFERENCE DATA:</b> <b>Rhode Island Secretary of State</b>				