

**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)	
1668 72375 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 201414587150 12/12/2014	1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (or recorded) in the REAL ESTATE RECORDS Filer: <u>gscg</u> Amendment: Addendum (Form UCC3Ad) <u>gscg</u> 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, gscg address of Assignee in item 7c gscg and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 gscg 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 gscg of these two boxes AND Check gscg of these three boxes to  
This Change affects  Debtor or  Secured Party of record  CHANGE name and/or address. Complete item 6a or 6b, gscg item 7a or 7b gscg item 7c  ADD name. Complete item 7a or 7b, gscg 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 gscg name (6a or 6b)

6a ORGANIZATION'S NAME COLE CABINET CO., 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 gscg name (7a or 7b); use exact full name, do not omit, modify or abbreviate any part of the Debtor's name.

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

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA
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8  COLLATERAL CHANGE Also check gscg 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 gscg 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.				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10 OPTIONAL FILER REFERENCE DATA Debtor: COLE CABINET CO., INC. 1668 72375