

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b> X00288 - CITY <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>72667719 RIRI</div></div> <div style="text-align: center; margin-top: 10px;">File with: Secretary of State, RI</div>	

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201616731720 7/7/2016 SS RI	<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 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 checked="" type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record <div style="display: flex; justify-content: space-between;"><div>AND Check <u>one</u> of these three boxes to: <input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c</div><div><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b</div></div>									
<b>6. CURRENT RECORD INFORMATION.</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%;"><tr><td colspan="4"><b>6a. ORGANIZATION'S NAME</b> CITY NATIONAL BANK</td></tr><tr><td style="width: 40%;"><b>OR</b> <b>6b. INDIVIDUAL'S SURNAME</b></td><td style="width: 30%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr></table>		<b>6a. ORGANIZATION'S NAME</b> CITY NATIONAL BANK				<b>OR</b> <b>6b. INDIVIDUAL'S SURNAME</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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<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) <table border="1" style="width: 100%;"><tr><td colspan="4"><b>7a. ORGANIZATION'S NAME</b> City National Bank</td></tr><tr><td style="width: 40%;"><b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b></td><td style="width: 30%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr></table>		<b>7a. ORGANIZATION'S NAME</b> City National Bank				<b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>7a. ORGANIZATION'S NAME</b> City National Bank									
<b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX						
<b>7c. MAILING ADDRESS</b> <table border="1" style="width: 100%;"><tr><td style="width: 40%;">PO Box 60938</td><td style="width: 20%;">CITY Los Angeles</td><td style="width: 10%;">STATE CA</td><td style="width: 15%;">POSTAL CODE 90060</td><td style="width: 15%;">COUNTRY USA</td></tr></table>		PO Box 60938	CITY Los Angeles	STATE CA	POSTAL CODE 90060	COUNTRY USA			
PO Box 60938	CITY Los Angeles	STATE CA	POSTAL CODE 90060	COUNTRY USA					
<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											
<table border="1" style="width: 100%;"><tr><td colspan="4"><b>9a. ORGANIZATION'S NAME</b> CITY NATIONAL BANK</td></tr><tr><td style="width: 40%;"><b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b></td><td style="width: 30%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%;">SUFFIX</td></tr></table>				<b>9a. ORGANIZATION'S NAME</b> CITY NATIONAL BANK				<b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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<b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
<b>10. OPTIONAL FILER REFERENCE DATA:</b> Debtor Name: RHODE ISLAND FAVORITE CHICKEN I, INC 72667719 688-Franchise Finance/Seattle											

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

CITY NATIONAL BANK

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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13. Name of DEBTOR on related financing statement: (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

RHODE ISLAND FAVORITE CHICKEN I, INC.

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

RHODE ISLAND FAVORITE CHICKEN I, INC. - 125 18TH STREET, JERSEY CITY, NJ 07310

RHODE ISLAND FAVORITE CHICKEN II, INC. - 125 18TH STREET, JERSEY CITY, NJ 07310

RHODE ISLAND FAVORITE CHICKEN III LLC - 125 18TH STREET, JERSEY CITY, NJ 07310

Secured Party Name and Address:

City National Bank - PO Box 60938, Los Angeles, CA 90060

15. This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest)

17. Description of real estate