

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)

1758 74619
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

filingacks@cscinfo.com
Filed In: Rhode Island (S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
201414378460 10/10/2014

1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. If the Attach Amendment Addendum (Form UCC3Ad) apply 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 (In, 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 AND Check one of these three boxes to

This Change affects Debtor or Secured Party of record 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 Dry Bridge Sand & Stone, 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.

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

8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTORE 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.

OR

9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10 OPTIONAL FILER REFERENCE DATA Debtor: Dry Bridge Sand & Stone, Inc 1758 74619