

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                            |                  |
|----------------------------------------------------------------------------------------------------------------------------|------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                  |
| B E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                              |                  |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                | 78618078<br>RIRI |

File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

201717530600 1/18/2017 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form 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 CHANGECheck one of these two boxes:This Change affects: ☒ Debtor or ☐ Secured Party of recordAND Check one 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 one name (6a or 6b).

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| 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                        |                          |  |  |  |
| Dr. Joanne L. Doucette, Psychological Services |                          |  |  |  |
| 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 |
| 154 Waterman St Ste 7 | Providence | RI    | 02906       | USA     |

8. ☐ COLLATERAL CHANGE. Also check one 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 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 |                          |                     |                               |        |
| LOANBLOG                |                          |                     |                               |        |
| OR                      | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: DR. JOANNE L. DOUCETTE, PSYCHOLOGICAL SERVICES INC  
78618078

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
201717530600 1/18/2017 SS RI

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

12a ORGANIZATION'S NAME

LOANBLOG

OR

12b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

DR. JOANNE L. DOUCETTE, PSYCHOLOGICAL SERVICES 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:

DR. JOANNE L. DOUCETTE, PSYCHOLOGICAL SERVICES INC. - 111 Wayland Ave., Providence, RI 02906-4371

Dr. Joanne L. Doucette, Psychological Services - 111 Wayland Ave., Providence, RI 02906-4371

DR. JOANNE L. DOUCETTE, PSYCHOLOGICAL SERVICES INC. - 154 Waterman St Ste 7, Providence, RI 02906-3116

Dr. Joanne L. Doucette, Psychological Services - 154 Waterman St Ste 7, Providence, RI 02906

Secured Party Name and Address:

LOANBLOG - 548 Market St #35697, San Francisco, CA 94104

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