

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|   |                      |
|---|----------------------|
| <b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                      |
| <b>B E-MAIL CONTACT AT FILER (optional)</b><br>uccfilingreturn@wolterskluwer.com  |                      |
| <b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b> 44818 - Provide, Inc.  |                      |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071   | 79790097<br><br>RIRI |

File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |  |
|--|--|
| <b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b><br>202124356050 3/15/2021 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<br>File: attach Amendment Acknowledgment 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 CHANGE**  
 Check one of these two boxes:  Debtor or  Secured Party of record  
 AND 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<br>WOOD RIVER ANIMAL HOSPITAL, 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<br>Fifth Third Bank, National Association |                         |                     |                               |        |
| OR   | 7b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |

|   |                      |             |                      |                |
|---|----------------------|-------------|----------------------|----------------|
| 7c MAILING ADDRESS<br>1850 E Paris Ave SE | CITY<br>Grand Rapids | STATE<br>MI | POSTAL CODE<br>49546 | COUNTRY<br>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<br>PROVIDE, INC. |                         |                     |                               |        |
| OR                                      | 9b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |

10 **OPTIONAL FILER REFERENCE DATA** Debtor Name: WOOD RIVER ANIMAL HOSPITAL, INC.  
 79790097 Serra 17903

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

|  |        |
|--|--------|
| 11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form<br>202124356050 3/15/2021 SS RI |        |
| 12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form                                 |        |
| 12a ORGANIZATION'S NAME<br>PROVIDE, INC.   |        |
| 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<br>WOOD RIVER ANIMAL HOSPITAL, 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

WOOD RIVER ANIMAL HOSPITAL, INC. - 28 Kingstown Road, Wyoming, RI 02898  
WOOD RIVER ANIMAL HEALTH CENTER, LLC - 28 Kingstown Road, Wyoming, RI 02898

Secured Party Name and Address

PROVIDE, INC. - 268 BUSH ST, #2921, SAN FRANCISCO, CA 94104  
Fifth Third Bank, National Association - 1850 E Paris Ave SE, Grand Rapids, MI 49546

|   |                               |
|---|-------------------------------|
| 15 This FINANCING STATEMENT AMENDMENT<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers an extracted collateral <input type="checkbox"/> is filed as a fixture filing | 17 Description of real estate |
| 16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)   |                               |