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uc	C FINANCING STATEMENT AMENDME	NT				
	LOW INSTRUCTIONS					
Α. Ι	NAME & PHONE OF CONTACT AT FILER (optional)		7			
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	SEND ACKNOWLEDGMENT TO: (Name and Address)		4			
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1 1	Rhode Island Housing and Mortgage Finance Corporation					
	44 Washington Street		<u> </u>	••	D (
	Providence, RI 02903		Pr	int	Reset	
H	Attn: Legal Department	1	1			
Ľ			THE ABOVE SPA	ACE IS FOR F	ILING OFFICE USE C	NLY
	NITIAL FINANCING STATEMENT FILF NUMBER		1b. This FINANCING STATE (or recorded) in the REA			ecord)
20	1616401740		Filer: artect Amendment Ac	ddendum (Form L	ICC3Ad) and provide Debtor	
2. [_	TERMINATION: Effectiveness of the Financing Statement identified at Statement	bove is terminated	with respect to the security intere	est(s) of Secure	d Party authorizing this	Termination
3. [ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			of Assignor in	tem 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified			cured Party au	horizing this Continuatio	n Statement is
	continued for the additional period provided by applicable law					
5 L	_ PARTY INFORMATION CHANGE.	one of these three h	Oxes to.			
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- 11	NS Unange attects 1 TDebtot of 1 TSecured Party of record 1 Titler	n 6a ni 6h and liem			to be deleted in it	em 6a or 6b
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