

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141									
B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com									
C. SEND ACKNOWLEDGMENT TO (Name and Address) <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"> <div style="width: 60%;"> Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 </div> <div style="width: 35%; text-align: center;"> 80631348 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									
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202124563890 4/6/2021 SS RI		1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>File: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>							
2 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>									
4 <input type="checkbox"/> 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 <input type="checkbox"/> PARTY INFORMATION CHANGE <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"> <div style="width: 40%;"> Check <u>one</u> of these two boxes This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record </div> <div style="width: 60%;"> AND Check <u>one</u> of these three boxes to <input type="checkbox"/> CHANGE name and/or address Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name Give record name to be deleted in item 6a or 6b </div> </div>									
6. CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)									
6a ORGANIZATION'S NAME <hr/>									
OR <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">6b INDIVIDUAL'S SURNAME</td> <td style="width: 30%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td> <td style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S) INITIAL(S)</td> <td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>					6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
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7. CHANGED OR ADDED INFORMATION. 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)									
7a ORGANIZATION'S NAME TCF National Bank									
OR 7b INDIVIDUAL'S SURNAME <hr/> INDIVIDUAL'S FIRST PERSONAL NAME <hr/> INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) <hr/> SUFFIX <hr/>									
7c MAILING ADDRESS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">2 Country View Rd., Suite 300</td> <td style="width: 20%; border-bottom: 1px solid black;">CITY Malvern</td> <td style="width: 10%; border-bottom: 1px solid black;">STATE PA</td> <td style="width: 10%; border-bottom: 1px solid black;">POSTAL CODE 19355</td> <td style="width: 20%; border-bottom: 1px solid black;">COUNTRY USA</td> </tr> </table>					2 Country View Rd., Suite 300	CITY Malvern	STATE PA	POSTAL CODE 19355	COUNTRY USA
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8 <input checked="" type="checkbox"/> COLLATERAL CHANGE 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 checked="" type="checkbox"/> ASSIGN collateral <small>Indicate collateral</small> All of the equipment and personal property and all modification and additions thereto and replacements and substitutions therefor, in whole or in part including the insurance and proceeds thereof, under Schedule No. VER23135-001 to Master Equipment Agreement No. VER23135 dated March 26, 2021 between Secured Party and Debtor.									
9. NAME OF SECURED PARTY or RECORD AUTHORIZING THIS AMENDMENT: 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									
9a ORGANIZATION'S NAME C T Corporation System, as representative									
OR <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">9b INDIVIDUAL'S SURNAME</td> <td style="width: 30%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td> <td style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S) INITIAL(S)</td> <td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>					9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX						
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Stanley Tree Service, Inc. 80631348									

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form	
202124563890 4/6/2021 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME	
C T Corporation System, as representative	
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			
Stanley Tree Service, 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:
Stanley Tree Service, Inc. - 275 George Washington Highway , Smithfield, RI 02917-1907

Secured Party Name and Address:
C T Corporation System, as representative - 330 N Brand Blvd, Suite 700, Attn: SPRS , Glendale, CA 91203
Sumitomo Mitsui Finance and Leasing Company, Limited - 666 Third Ave , New York, NY 10117
Sumitomo Mitsui Finance and Leasing Company, Limited - 666 Third Ave , New York, NY 10117
TCF National Bank - 2 Country View Rd., Suite 300 , Malvern, PA 19355

The complete information for Authorizer number 1

Sumitomo Mitsui Finance and Leasing Company, Limited
666 Third Ave
New York, NY 10117
1) Sumitomo Mitsui Finance and Leasing Company, Limited

15. THIS FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-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)	