

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) 9555 - DEXTER

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	82536066 RIRI
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File with Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
202125378420 8/17/2021 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 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

OR

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 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
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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8. COLLATERAL CHANGE. Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:
 All of Debtor's equipment described on the attached "Schedule A" and any and all substitutions, replacements, proceeds, accounts, or general intangibles arising therefrom or related thereto at 521 Pontiac Ave, Cranston, RI 02910. See Attached "Schedule A".

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
DEXTER FINANCIAL SERVICES, INC.

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: The Laundry Basket, Inc.
 82536066 DFS 105006-SP1

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 202125378420 8/17/2021 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME DEXTER FINANCIAL SERVICES, INC.	
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 The Laundry Basket, 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:

The Laundry Basket, Inc. - 10 Hans Street, Cranston, RI 02910

Secured Party Name and Address:

DEXTER FINANCIAL SERVICES, INC. - P.O. BOX 5368, CEDAR RAPIDS, IA 52406

<p>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</p> <p>16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)</p>	<p>17. Description of real estate</p>
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18. MISCELLANEOUS 8253696 RI-0 9555 - DEXTER FINANCIAL SER DEXTER FINANCIAL SERVICES, INC. File with Secretary of State, RI DFS 105006-SP1

SCHEDULE A

The Laundry Basket, Inc.

Promissory Note Contract Number 105006-SP1

Equipment Located at: 521 Pontiac Avenue
Cranston, RI 02910

<u>Qty</u>	<u>Description of Equipment/Serial #</u>
5	Dexter 40 lb. Washer-C Series Express WC0650XB-12EC4X-SSBCS-USA Serial Numbers: W1.21183.040,W1.21183.041,W1.21183.043,W1.21183.044,W1.21193.060
4	Dexter 50 lb. Washer-C Series Express WC0750XB-12EC4X-SSBCS-USA Serial Numbers: W1.21190.027,W1.21190.028,W1.21190.029,W1.21190.030
2	Drain Troughs