RI SOS Filing Number: 20212	2582727	70 Dat	e: 10/29/2021 3:	49:00 F	PM	
FOLLOW INSTRUCTIONS	MENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3;	282 Fax: 81	8-662-4141]			
B E-MAII, CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO (Name and Address) 541	43 - People	es Bank:]			
Lien Solutions P.O. Box 29071	831576	577				
	RIRI					
File with: Sugreture of State DI			THE ABOVE OR	A ĈE 19 E A		ICE ON V
File with: Secretary of State, RI 1a. INITIAL FINANCING STATEMENT FILE NUMBER 202424444440 4/25/2024 CO FILE		· · · · · · · · · · · · · · · · · · ·	5 This FINANCING STATI	MENT AME		
202124144440 1/25/2021 SS RI 2 TERMINATION Effectiveness of the Financing Statement identification.	ified above is t	lemmnated with	Filer attach Amendment Ad	Mendum (Form	UCC3Ad) <u>and</u> provide De	
3 X ASSIGNMENT (full or partial) Provide name of Assignee in iter	m 7a or 7b, <u>an</u>	d address of As	signee in item 7c and name of	Assignor in i	lein 9	
For partial assignment, complete items / and 9 and also indicated as a CONTINUATION Effectiveness of the Financing Statement idea.			us care into interest/s) of Secure	d Pady author	nazina this Continuation	Claigmont
continued for the additional period provided by applicable law	IIIIIIEU ALIOVE Y	our respect to t	is security matresits) 6. Secure	O Party autil	arving this Continuation	i giatement is
5 PARTY INFORMATION CHANGE. Check one of these two boxes. AND	2 Check <u>one</u> of	these three boxe	es to			
This Change affects Deblor or Secured Party of record				me Complete and item 7c		e. Give record name in item 6a or 6b
6 CURRENT RECORD INFORMATION Complete for Party Information 6 ORGANIZATION'S NAME	on Change - p	rovide only <u>one</u>	name (6a or 6b)			
J'S DELICATESSEN, INC.						
OR 66 INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITION	AL NAME(SYINITIAL(S)	SUFFIX
7 CHANGED OR ADDED INFORMATION Complete for Assignment or Parry	Information Chan	ge - provide only o	ne name (7a or 7b) (use exact, full nam	r, do not omit, m	odify, or atthreviale any part of	Fifie Debtor's name)
75 ORGANIZATION'S NAME North Star Leasing, a division of Peoples Bank	ζ				· · · · ·	
OR 76 INDIVIDUAL'S SURNAME.						
INDVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUALS FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
76 MAILING ADDRESS	I	CITY		STATE	POSTAL CODE	COUNTRY
138 Putnam Street		Marietta		ОН	45750	USA
COLLATERAL CHANGE Also check one of these four boxi Indicate collateral	es ∐ADD⊤	collateral (DELETE collateral	RESTATE	overed collateral	ASSIGN cellatera

	IAME OF SECURED PARTY OF RECORD AUTHORIZIN	NG THIS AMENDMENT. Provide only one name (9a	a or 9b) (name of Assignor, if this is an Assignme	nt)
00	93 ORGANIZATKWIS NAME NS LEASING LCC		_	
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYNITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: J'S DELICATESSEN, INC.

83157677

	INANCING STATEMENT FILE NUMBER: Same as 14440 1/25/2021 SS RI	item 1a on Amendment fo	rπı		
2 NAME O	F PARTY AUTHORIZING THIS AMENDMENT. SA	me as item 9 on Amendme	nt form		
	GANIZATION'S NAME				
NS L	EASING LCC	-			
)R 126 IND	IIVIDUAL'S SURNAME				
FIR	ST PERSONAL NAME	···			
ADO	DIFICNAL NAME(SIGNITIALIS)	<u> </u>	SUFFIX		
Name of	DEBTOR on related financing statement (Name of	a current Debter of record		E ABOVE SPACE IS FOR FILING OFFICE U	
o <u>me</u> Deb	otor name (13a or 13b) (use exact, full name, du rix) GANIZATION'S NAME	a current Executor of record omit, modify, or abbreviate	any part of the Debtor's name	e only in some laing onices - see instruction iter e); see instructions if name does not fit	n 13) Provide oi
	DELICATESSEN, INC.				
136 IND	IVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
SLEASIN	arty Name and Address: NG LCC - PO BOX 4505 , BURLINGTON, Leasing, a division of Peoples Bank - 138				
SLEASIN	NG LCC - PO BOX 4505 , BURLINGTON,	VT 05406			
S LEASIN	NG LCC - PO BOX 4505 , BURLINGTON,	VT 05406		al estate	
S LEASIN orth Star 5. This FIN.	NG LCC - PO BOX 4505 BURLINGTON, Leasing, a division of Peoples Bank - 138 ANCING STATEMENT AMENDMENT C'S limber to be cut Covers as extracted colla	VT 05406 Putnam Street , Marie	etta, OH 45750	al estate	
S LEASIN orth Star 5. This FIN. cove 6 Name an	NG LCC - PO BOX 4505 , BURLINGTON, Leasing, a division of Peoples Bank - 138	VT 05406 Putnam Street , Marie	etta, OH 45750	al estate	
S LEASIN orth Star 5. This FIN cove 6 Name an	ANCING STATEMENT AMENDMENT ors timber to be cut covers as-extracted collaboration of a RECORD OWNER of real estate de-	VT 05406 Putnam Street , Marie	etta, OH 45750	al estate	

NS LEASING LCC

18 MISCELLANEOUS 83157677 Rt 0 54143 - Peoples Bank: Proje

File with: Secretary of State, Rt.