

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-top: 10px;"><div style="width: 60%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="border: 1px solid black; padding: 5px;">92526919 RIRI</div></div><div style="width: 35%; text-align: center; padding-top: 20px;">File with: Secretary of State, RI</div></div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201820280760 10/11/2018 SS RI		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Aa) and provide Debtor's name in item 13		
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 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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input checked="" 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. Check <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to: This Change affects: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <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				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a ORGANIZATION'S NAME</div><div>STEVEN M. KENYON, D.M.D., INC.</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR 6b INDIVIDUAL'S SURNAME</div><div style="width: 35%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div></div>				
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)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a ORGANIZATION'S NAME</div><div></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR 7b INDIVIDUAL'S SURNAME</div><div></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;"></div><div style="width: 35%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;"></div><div style="width: 35%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 45%; border-bottom: 1px solid black;"></div><div style="width: 10%; border-bottom: 1px solid black;"></div><div style="width: 10%; border-bottom: 1px solid black;"></div><div style="width: 10%; border-bottom: 1px solid black;"></div><div style="width: 15%; border-bottom: 1px solid black;"></div></div>				
8. <input 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 type="checkbox"/> ASSIGN collateral Indicate collateral				
9. NAME OF SECURED PARTY OF 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				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a ORGANIZATION'S NAME</div><div>COMMUNITY RESOURCE BANK</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR 9b INDIVIDUAL'S SURNAME</div><div style="width: 35%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div><div style="width: 30%; border-bottom: 1px solid black;"></div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: STEVEN M. KENYON, D.M.D., INC. 92526919				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201820280760 10/11/2018 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME COMMUNITY RESOURCE BANK	
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 STEVEN M. KENYON, D.M.D., 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:

STEVEN M. KENYON, D.M.D., INC. - 176 Toll Gate Road, Suite 201, Warwick, RI 02886

Secured Party Name and Address:

COMMUNITY RESOURCE BANK - 1605 Heritage Drive, Northfield, MN 55057

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)	

18. MISCELLANEOUS 92526319-RI-0

COMMUNITY RESOURCE BANK

File with: Secretary of State, RI