

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) 22579 - LIBERTY <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>93919073 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 202329198590 6/15/2023 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> 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 checked="" type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8																									
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: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <u>AND</u> Check <u>one</u> of these three boxes to: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c</div><div><input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c</div><div><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) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">6a. ORGANIZATION'S NAME ATLANTIC PAPER AND TWINE COMPANY, INC.</td></tr><tr><td>OR</td><td>6b. INDIVIDUAL'S SURNAME</td><td>FIRST PERSONAL NAME</td><td>ADDITIONAL NAME(S)/INITIAL(S)</td><td>SUFFIX</td></tr></table>					6a. ORGANIZATION'S NAME ATLANTIC PAPER AND TWINE COMPANY, INC.				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 <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">7a. ORGANIZATION'S NAME NORTH AMERICAN BANKING COMPANY</td></tr><tr><td>OR</td><td colspan="4">7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="4">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr><tr><td colspan="4">SUFFIX</td></tr></table>					7a. ORGANIZATION'S NAME NORTH AMERICAN BANKING COMPANY				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: <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>2230 ALBERT STREET</td><td>CITY ROSEVILLE</td><td>STATE MN</td><td>POSTAL CODE 55113</td><td>COUNTRY USA</td></tr></table>					2230 ALBERT STREET	CITY ROSEVILLE	STATE MN	POSTAL CODE 55113	COUNTRY USA																
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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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">9a. ORGANIZATION'S NAME LIBERTY CAPITAL GROUP, INC.</td></tr><tr><td>OR</td><td>9b. INDIVIDUAL'S SURNAME</td><td>FIRST PERSONAL NAME</td><td>ADDITIONAL NAME(S)/INITIAL(S)</td><td>SUFFIX</td></tr></table>					9a. ORGANIZATION'S NAME LIBERTY CAPITAL GROUP, 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: ATLANTIC PAPER AND TWINE COMPANY, INC. 93919073 L-23134																									

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 202329198590 6/15/2023 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME LIBERTY CAPITAL GROUP, 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 ATLANTIC PAPER AND TWINE COMPANY, 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:
ATLANTIC PAPER AND TWINE COMPANY, INC. - 85 YORK AVENUE , PAWTUCKET, RI 02860

Secured Party Name and Address:
LIBERTY CAPITAL GROUP, INC. - 45 CAREY AVENUE SUITE 200, BUTLER, NJ 07405
NORTH AMERICAN BANKING COMPANY - 2230 ALBERT STREET , ROSEVILLE, MN 55113

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)	