

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| | |
|---|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO (Name and Address) 19847 - Kincaid, Frame & <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>95130985 RIRI</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div> | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER

202023277960 7/16/2020 SS RI

1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

File: 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 Statement3 ☐ 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:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ 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 |

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 |

| | | | | |
|--------------------|------|-------|-------------|---------|
| 7c MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|--------------------|------|-------|-------------|---------|

8 COLLATERAL CHANGE Check only one box. ☐ ADD collateral ☒ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral

Indicate collateral:

*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 9.

The term "Account" does not include any Account for Underlying Services that remains unpaid for more than 365 days after the date the Underlying Services were rendered. "Underlying Services" means medical, surgical or other health care or health care-related services and related goods provided by Debtor.

Except as herein provided, Secured Party retains its security interest in all other collateral.

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 THE RAPPAPORT FAMILY TRUST | | | | |
| OR | 9b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: NES RHODE ISLAND, INC

95130985

NES

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a ORGANIZATION'S NAME

THE RAPPAPORT FAMILY TRUST

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

NES RHODE ISLAND, INC.

OR

13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX)

☒ ITEM 8 (Collateral) OR

☐ OTHER INFORMATION (Please Describe)

Debtor Name and Address:

NES RHODE ISLAND, INC. - 39 MAIN STREET, TIBURON, CA 94920

Secured Party Name and Address:

THE RAPPAPORT FAMILY TRUST - 39 MAIN STREET, TIBURON, CA 94920

15. THIS FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)

17. Description of real estate