

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) 24839 - Wells Fargo CDF <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>95823598 RIRI</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div><div>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</div></div>				
1a INITIAL FINANCING STATEMENT FILE NUMBER 201413582200 3/4/2014 SS RI		1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>		
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 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>				
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 checked="" type="checkbox"/> PARTY INFORMATION CHANGE: <div style="display: flex; justify-content: space-between;"><div>Check <u>one</u> of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record</div><div>AND Check <u>one</u> of these three boxes to: <input checked="" 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</div></div>				
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="flex: 1;">6a ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="flex: 1;">OR 6b INDIVIDUAL'S SURNAME</div><div style="flex: 1;">FIRST PERSONAL NAME</div><div style="flex: 1;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="flex: 1;">SUFFIX</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="flex: 1;">7a ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="flex: 1;">OR 7b INDIVIDUAL'S SURNAME</div><div style="flex: 1;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="flex: 1;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="flex: 1;">SUFFIX</div></div>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="flex: 2;">7c MAILING ADDRESS 5595 Trillium Blvd</div><div style="flex: 1;">CITY Hoffman Estates</div><div style="flex: 1;">STATE IL</div><div style="flex: 1;">POSTAL CODE 60192</div><div style="flex: 1;">COUNTRY USA</div></div>				
8 COLLATERAL CHANGE Check only <u>one</u> box <div style="display: flex; justify-content: space-between;"><div>Indicate collateral</div><div><input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral</div></div> <small>*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8</small>				
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) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="flex: 1;">9a ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="flex: 1;">OR 9b INDIVIDUAL'S SURNAME</div><div style="flex: 1;">FIRST PERSONAL NAME</div><div style="flex: 1;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="flex: 1;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: RAMSAY'S, INC. 95823598 CDF OPG Husqvarna 222130001 2-2027405001				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
201413582200 3/4/2014 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME Wells Fargo Commercial Distribution Finance, LLC	
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 RAMSAY'S, 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:

RAMSAY'S, INC. - 24A VERNDALE CIRCLE, BRISTOL, RI 02809

Secured Party Name and Address:

Wells Fargo Commercial Distribution Finance, LLC - 5595 Trillium Blvd, Hoffman Estates, IL 60192

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