

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): 50171 - 50171 - WF BF	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	96709300 RIRI
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER: 200907631860 6/30/2009 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 Statement.

3. **ASSIGNMENT** (full or part): 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: Debtor or Secured Party of record. **AND** Check one of these three boxes to: 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: K&M ASSOCIATES L.P.

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), unless exact full name desired, full name desired, 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.

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: WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT

OR

9b. INDIVIDUAL'S SURNAME: FIRST PERSONAL NAME: ADDITIONAL NAME(S) INITIAL(S): SUFFIX:

10. **OPTIONAL FILER REFERENCE DATA**: Debtor Name: K&M ASSOCIATES L.P. 96709300 AMERICAN BILTRITE INC. 1AB

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT F.I.F. NUMBER Same as item 1a on Amendment form 200907631860 6/30/2009 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT	
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 K&M ASSOCIATES L.P.			
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:

K&M ASSOCIATES L.P. - 425 DEXTER STREET, PROVIDENCE, RI 02907

Secured Party Name and Address

WELLS FARGO BANK, NATIONAL ASSOCIATION, AS AGENT, SUCCESSOR BY MERGER TO WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT - 125 High Street, 11th Floor, Boston, MA 02110
WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT - 1133 AVENUE OF THE AMERICAS, NEW YORK, NY 10036

1) WACHOVIA BANK, NATIONAL ASSOCIATION, AS AGENT

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)	