

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202125145590 filed 6/25/2021		1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed for record (or recorded) in the REAL ESTATE RECORDS. Filer 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(ies) authorizing this Termination Statement.			
3. ☒ ASSIGNMENT. 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, check ASSIGN Collateral box in item 8 and describe the 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 <u>one</u> of these two boxes: ☐ Debtor or ☐ Secured Party of record. AND: Check <u>one</u> 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 6c.			
6. CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only <u>one</u> name (6a or 6b).			
6a. ORGANIZATION'S NAME Rhode Island Hospital 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 <u>one</u> 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 U.S. Bank Trust Company, National Association 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX			
7c. MAILING ADDRESS. One Federal Street, 10th Floor CITY Boston STATE MA POSTAL CODE 02110 COUNTRY USA			
8. COLLATERAL CHANGE. Check only <u>one</u> box: ☐ ADD collateral ☐ DELETE collateral ☐ RE-STATE covered collateral ☐ ASSIGN collateral. Indicate collateral: *Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and describe the collateral in Section 8.			
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 ☐ and provide name of authorizing Debtor.			
9a. ORGANIZATION'S NAME U.S. Bank National Association, as Master Trustee 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX			
10. OPTIONAL FILER REFERENCE DATA. File with RI SOS			