

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT SUBMITTER (optional)  
**Boris Belkin** 212-872-1000

B. E-MAIL CONTACT AT SUBMITTER (optional)  
**bbelkin@akingump.com**

C SEND ACKNOWLEDGMENT TO (Name and Address)

Akin Gump Strauss Hauer & Feld LLP  
 1 Bryant Park  
 41st Floor  
 New York, NY 10036

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER  
**202329160380 06/06/2023**

1b  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer **attach** Amendment Addendum (Form LCC3AC) **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 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

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 8

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  
**Kroll Trustee Services Limited, as Collateral Agent**

OR

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

10 **OPTIONAL FILER REFERENCE DATA:**  
 Filed with: RI - Secretary of State; Debtor: SOUTH COUNTY RADIATION THERAPY, I.L.C **F#937581 A#1346812**