	CC FINANCING STATEMENT AMEN	IDMENT					
	NAME & PHONF OF CONTACT AT SUBMITTER (options) ime Wolters Kluwer Lien Solutions Phone 800-33		18-662-4141				
В	F-MAII. CONTACT AT SUBMITTER (optional) uccfilingreturn@wolferskluwer.com						
С	SEND ACKNOWLEDGMENT TO: (Name and Address)	10104 - Cater	pillar				
lſ	 Lien Solutions	98346	591				
	P.O. Box 29071 Glendale, CA 91209-9071	RIRI	,				
 [File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTA		rion	THE ABOV	E SPACE IS F	OR FILING OFFICE I	USE ONLY
-	NITIAL FINANCING STATEMENT FILE NUMBER 2430370450 3/28/2024 SS RI		1	b. This FINANCING (or recorded) in t	STATEMENT AN	MENDMENT is to be filed	[for record]
2. [TERMINATION, Effectiveness of the Financing Statement x	dentified above is	terminated with r				
3 [ASSIGNMENT (full or partial). Provide name of Assignment For partial assignment, complete items 7 and 9 and also in			gnee in item 7c <u>and</u> na	me of Assignor in	ılem 9	
4. [CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable la	identified above		e security interest(s) of t	Secured Party au	thorizing this Continuation	n Statement is
5.	PARTY INFORMATION CHANGE						
	Check one of these two boxes		of these three boxe SE name and/or ad	iress CompleteA	ADD name Compl		ne. Give record name
_	his Change affects. Debtor or Secured Party of record URRENT RECORD INFORMATION. Complete for Party Inform		or 6b, <u>and</u> item 7a		a or 7b, <u>and</u> dem	7cto be deleted	in item 6a or 6b
	69 ORGANIZATION'S NAME	- one one of	onde omy <u>one</u> .	and too or out			
QR.	65 INDIVIDUAL'S SURNAME		FIRST PERSONAL	N'ALIE	Lapprin	NAL NAME(S):INITIAL(S)	SUFFIX
			THIS TENSORAL	NAME	A A A A A A A A A A A A A A A A A A A	THE TANKE (S) THE TIME, S)	SOFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Cha	nga - provide only <u>or</u>	name (7a or 7b) (use exact	full name, do not oms	modify, or abbreviate any part o	f the Deblor's name)
	7a ORGANIZATEON'S NAME						
OR	76 INDIVIDUAL'S SURNAME	-			<u> </u>		
	INDIVIDUAL'S FIRST PERSONAL NAME				<u></u>		
	INDIVIDUAL'S ADDITIONAL NAME (SYMITTIAL(S)		· · · · · ·				TSUFFIX
							35.7.14
7 _C (MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE Check only one box	JADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN* collatera
And with	Indicate collateral E (1) CATERPILLAR 908-14 Wheel Loader S/N: 32 I substitutions, replacements, additions and access in the scope of Article 9 of the Uniform Commercials:9-102 and 12A:9-109).	Z800881 ions thereto, r	now owned or	hereafter acquired	and proceeds		collateral is
	AME OF SECURED PARTY OF RECORD AUTHORIZ this is an Amondment authorized by a DEBTOR, check here		NOMENT, Prov		or 9b) (name of As	signor, if this is an Assign	ment)
	94 ORGANIZATIONS NAME Caterpillar Financial Services Corporation	<u> </u>					
OR	96 INDRY DUALTS SURNAME		FIRST PERSONAL	NAME	ADDITIC	NAL NAME(SYNITIAL(S)	SUFFIX
10 (OPTIONAL FILER REFERENCE DATA. Debtor Name W	ATSON MULO	CH&LOAM !!	NC.	l		
	46591 001-70138261			· · · ·		001-70138261	

RI SOS Filing Number: 202430431610 Date: 4/12/2024 12:25:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FO	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER, Same as it 2430370450 3/28/2024 SS RI	om 1a on Amendment fo	orm	7		
12	NAME OF PARTY AUTHORIZING THIS AMENDMENT Same	1				
	129 ORGANIZATIONS NAME Caterpillar Financial Services Corporation	1				
	Odici pinar i mandiar octivides dorporation	-				
OR	126 INDIVIDUAL'S SURNAMÉ	-				
	FIRST PERSONAL NAME	-				
	ADDITIONAL NAME(SYNITIALIS)	SJFFIX	-			
				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
13.	Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name, do not or	g purposes only in soi blor's name), see Inst	me filing offices - see Instruction iten ructions if name does not fil	n 13) Provide only		
	138 ORGANIZATION'S NAME WATSON MULCH & LOAM, INC.			·		
OR	135 INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIONAL NAME (SYMITIAL (S)	SUFFIX
	ADDITIONAL SPACE FOR (CHECK ONE BOX) ofter Name and Address:	☐ ITFM 8 (Co	Materal) OR	OTHER INFOR	RMATION (Please Describe)	
	TSON MULCH & LOAM, INC - 1500 SOUTH COL	INTY TRAIL . EAST	GREENWICH	RI 02818		
15.	This FINANCING STATEMENT AMENDMENT		17 Descri	plion of real estate		
	covers timber to be out. Covers as-extracted collater. Name and address of a RECORD OWNER of real estate described to the control of the covers and the covers and the covers are covers.	r bec in item 17	re fling			
10	MISCELLANEOUS 96346591 RTO 10104 Catero For Financia	Caterpi lar Finan	MI DETAINS	File with Secretary of S	State, Rt 901-70138261 001-70138	701