

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) 17099 - Banc of California. Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, RI 98382220 RIRI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201413788620 4/24/2014 SS RI		1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3AJ) 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 partial) 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 <u>one</u> of these two boxes This Change affects: ☐ 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 6b.				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
OR 6a. ORGANIZATION'S NAME A TREASURE CHEST, LLC 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)				
OR 7a. ORGANIZATION'S NAME 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 <u>only one</u> box Indicate collateral ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral *Check ASSIGN COLLATERAL only if the Assignee's power to amend the record is limited to certain collateral and describe the collateral in item 13				
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				
OR 9a. ORGANIZATION'S NAME ALLIANCE FUNDING GROUP 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: A TREASURE CHEST, LLC 98382220 2530 999999999				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201413788620 4/24/2014 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME ALLIANCE FUNDING GROUP	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 A TREASURE CHEST, LLC			
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:

A TREASURE CHEST, LLC - 33 LAMBERT LIND HWY, WARWICK, RI 02889
SIMONELLI ENTERPRISES, INC. - 33 LAMBERT LIND HWY, WARWICK, RI 02889

Secured Party Name and Address:

ALLIANCE FUNDING GROUP - 3745 W. CHAPMAN AVE., 2ND FLOOR, ORANGE, CA 92868
BANC OF CALIFORNIA, N.A. - 18500 VON KARMAN AVE, STE 1100, IRVINE, CA 92612

1) BANC OF CALIFORNIA, N.A.

15. This FINANCING STATEMENT AMENDMENT ☐ covers timber to be cut ☐ covers as-extracted collateral ☐ 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)	