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FOLLOW INS		AICIADIAICIA I					
	HONE OF CONTACT AT SUBMITTER (a ers Kluwer Lien Solutions Phone, 80		18-662-4141				
	ONTACT AT SUBMITTER (optional) preturn@wolterskluwer.com						
C SEND ACE	KNOWLEDGMENT TO: (Name and Addre	ess) 16047 - ALLO	YA				
	iolutions Box 29071	98693	342				
	ale, CA 91209-9071	RIRI					
	h: Secretary of State, RI E BELOW FOR SECURED PARTY CO	ONTACT INFORMAT	TION	THE ABOVE SP	ACE IS FO	OR FILING OFFICE US	SE ONLY
	ANCING STATEMENT FILE NUMBER 860 5/12/2014 SS RI		11	This FINANCING STAT	EMENT AM AL ESTATE	ENDMENT is to be filed [filed [filed]	or record]
2 TERMIN	ATION: Effectiveness of the Financing Stater	ment identified above is	s terminated with r			m 9003Ad) and provide Debt id Party authorizing this Te	
	MENT (full or partial). Provide name of Assignal assignment, complete items 7 and 9 and a			gnee in item 7c and name of	Assignor in	item 9	
4. CONTIN	UATION: Effectiveness of the Financing State	ement identified above		security interest(s) of Secure	ed Party aut	orizing this Continuation (Statement is
	d for the additional period provided by application. NEORMATION CHANGE	able law					
•	These two boxes		of these three boxes				
	affects Debtor or Secured Party of rec	ordfem_6a	GE name and/or add or 65, <u>and</u> item 7a	or 75 <u>and</u> ilem 7c 7a or 7t	ime Comple o, <u>and</u> item 7		Give record name item 6a or 6b
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOI	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item ta on	Amendment form				
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item:	9 on Amendment	form			
	12a ORGANIZATION'S NAME					
	Alloya Corporate Federal Credit Union	<u></u>				
OR	126 INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME	- ·				
	ADDITIONAL NAME(SYNITIAL(S)		SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE US	SE ONLY
13.	Name of DEBTOR on related financing statement (Name of a current De one Debtor name (13a or 13b) (use exact, full name, do not omit, modif	ebtor of record rec y, or abbreviate a	quired for indexing part of the Debto	purposes only in sor	ne filing offices - see Instruction item	
	139 ORGANIZATION'S NAME Wave Federal Credit Union			·		
OR		FIRST PE	RSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR (CHECK ONE BOX)	∑ ITFM 8 (Coila	teral) OR	DITHER INFOR	RMATION (Please Describe)	
	otor Name and Address: ve Federal Credit Union - 480 Greenwich Avenue , Warwic					
15.	This FINANCING STATEMENT AMENDMENT		· ·	on of real estate		
	covers timber to be cut covers as extracted collateral shall be said address of a RECORD OWNER of real estate described in its (if Debtex does not have a record interest).	filed as a fixture t em 17	filing			
18.	MISCELLANEOUS 98693342 RIO 16047 - ALLOYA CORPORATE FOU	Al bya Corporate Fe	deral Credit Union	File with Secretary of 5	State RI 211573407	