

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) 16804 - WELLS FARGO
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 98697949 RIRI
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER 201414437040 10/29/2014 SS RI
1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

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 one of these two boxes: This Change affects Debtor or Secured Party of record. AND Check one of these three boxes to: CHANGE name and/or address, ADD name, or DELETE name.

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)
6a ORGANIZATION'S NAME: ATHENA HEALTH CARE SYSTEMS RI 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 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
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.

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: WELLS FARGO BANK, NATIONAL ASSOCIATION
9b INDIVIDUAL'S SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S) INITIAL(S), SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: ATHENA HEALTH CARE SYSTEMS RI LLC
98697949 780107516

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201414437040 10/29/2014 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATION	
OR	
12b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 ATHENA HEALTH CARE SYSTEMS RI 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
 ATHENA HEALTH CARE SYSTEMS RI LLC - 135 SOUTH ROAD , FARMINGTON, CT 06032

Secured Party Name and Address:
 WELLS FARGO BANK, NATIONAL ASSOCIATION - 2010 CORPORATE RIDGE, SUITE 1000 , MCLEAN, VA 22102
 SECRETARY OF U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT, THEIR SUCCESSORS AND ASSIGNS AS THEIR INTERESTS MAY APPEAR - 451 SEVENTH STREET, SW , WASHINGTON, DC 20410

1) SECRETARY OF U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT, THEIR SUCCESSORS AND ASSIGNS AS THEIR INTERESTS MAY APPEAR

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral; <input type="checkbox"/> is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	17. Description of real estate
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