_	RI SOS Filing Number: 2024306068	810 Da	ate: 5/24/2024 1:54	4:00 PM	
	<u>.</u>				
	CC FINANCING STATEMENT AMENDMENT				
_	NAME & PHONE OF CONTACT AT SUBMITTER (optional)		7		
Na	ame. Wolters Kluwer Lien Solutions Phone 800-331-3282 Fax: 8	818-662-414	1		
	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com				
C.	SEND ACKNOWLEDGMENT TO, (Name and Address) 17819 - BAN	C OF			
	Lien Solutions 99020 P.O. Box 29071	149			
	Glendale, CA 91209-9071 RIRI				
l	File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION _	THE ABOVE SDA	ACE IS FOR FILING OFFICE	HEE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER		16 This FINANCING STATE	MENT AMENDMENT is to be filed	
20:	2430493050 4/30/2024 SS RI			idendum (Form UCC3Ad) <u>and iprovide</u> D	
2 [TERMINATION Effectiveness of the Financing Statement identified above in Statement	s terminated wi	th respect to the secunty interest(s	s) of Secured Party authorizing this	Termination
3. [ASSIGNMENT (<u>full</u> or partial) Provide name of Assignee in item 7a or 7b, in For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected c	and address of ollateral miltem	Assignee in item 7c and name of 8	Assignor in item 9	
4. [CONTINUATION. Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	with respect to	the security interest(s) of Secure	d Party authorizing this Continuation	n Statement is
5. [PARTY INFORMATION CHANGE	_		-	
C	Check one of these two boxes AND Check one			ne Complete item DELETE nan	me. Give record name
_	his Change affects Debtor or Secured Party of record Jitem 6	a or 65. <u>ans</u> ifem	7a or 7b and item 7c 7a or 7b.		in item 6a or 6b
6 C	URRENT RECORD INFORMATION Complete for Party Information Change - 6n ORGANIZATION'S NAME	provide only on	ng name (Ga or 6b)		
ΩĐ	ANCHOR INSULATION CO., INC.				
OR	66 INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. 0	HANGED OR ADDED INFORMATION Complete for Assignment or Party Information Ch.	tone describe anh	one name (2) or 20) from most fellow-		
	7# ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , ,	USC CARCO, (USC CARCO, UST TARRE	, on not oma, modify, or aborevisite any partic	A the Debtor's name)
ÓR	Banc of America Leasing & Capital, LLC		·.	·	
.,	76 INDIVIDUAL'S SURNAME			• "	
	INDIVIDUAL'S FIRST PERSONAL NAME	· .	·		
	INDIVIDUAL'S ADDITIONAL NAME(S)***(S)			<u> </u>	SUFFIX
/c	MAILING ADDRESS	ICITY		STATE I POSTAL CODE	COUNTRY
60	00 Peachtree St NE, 11th Floor	Atlanta		GA 30308	USA
8.	COLLATERAL CHANGE Check only one boxADD) collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collatera
	Indicate collateral. "Check AS	S GY COLLATERAL	only if the ussignee's power to amend the mos	rd is limited to besta in cultisteral and describe us	a collateral in Section 6
_					
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME this is an Amendment authorized by a DEBTOR, check here ——————————————————————————————————			ame of Assignor, if this is an Assign	ment)
	GA ORGANIZATIONS NAME U.S. BANK EQUIPMENT FINANCE, A DIVISION OF U.	S RANK N	IATIONAL ASSOCIATIO		
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSON		N ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
				Southwest trame(Sylatitize(S)	SUFFIA
	OPTIONAL FILER REFERENCE DATA: Debtor Name: ANCHOR INSU	LATION CO	., INC.	<u> </u>	<u> </u>
990	20149				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11 INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amen			
202430493050 4/30/2024 SS RI	ndment form]	
12. NAME OF PARTY AUTHORIZING THIS AMENUMENT. Same as item 9 on A	imendingut form	4	
12a ORGANIZATION'S NAME	CITED OF THE COLOR	1	
U.S. BANK EQUIPMENT FINANCE, A DIVISION OF U	J.S. BANK		
NATIONAL ASSOCIATION			
OR 125 INDIVIDUAL'S SURNAME		1	
FIRST PERSONAL NAME		-	
ADDIK)NAL 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 Debtor of one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or all	of record required for indexing	purposes only in some filing offices - see Instruction iter	
13a ORGANIZATION'S NAME ANCHOR INSULATION CO., INC.			_
OR 130 INCHORATION CO., INC.	Turan anna anna anna		T
- JANUOUVIALS S'ANAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX)	EM 8 (Collateral) OR	L_DTHFR INFORMATION (Please Describe)	
Debtor Name and Address: ANCHOR INSULATION CO., INC 495 S HIGH ST STE 50 , COLI	LIMBLIS OH 43215	` · · · · · · · · · · · · · · · · · · ·	
15. This FINANCING STATEMENT AMENDMENT Covers timber to be cut 1 covers as-extracted collateral 1 is filed a	1	tion of real estate.	