

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) 47146 - HVSG Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 100358599 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 201921866070 11/25/2019 SS RI		1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS File with: Attach Amendment Acknowledgment (Form UCC3Ad) 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)			
6a. ORGANIZATION'S NAME CREEKRIDGE CAPITAL			
OR			
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)			
7a. ORGANIZATION'S NAME CREEKRIDGE CAPITAL			
OR			
7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) SUFFIX			
7c. MAILING ADDRESS 7201 Metro Boulevard, Suite 800		CITY Edina	STATE MN
		POSTAL CODE 55439	COUNTRY USA
8. COLLATERAL CHANGE Check only <u>one</u> box: Indicate collateral ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral *Check ASSIGN COLLATERAL only if the assignor's power to amend the record is limited to certain collateral and describe the collateral in Section 8			

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 CREEKRIDGE CAPITAL			
OR			
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: RHODE ISLAND HOSPITAL
100358599 040-0632901-076

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201921866070 11/25/2019 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME CREEKRIDGE CAPITAL	
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 RHODE ISLAND HOSPITAL			
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:

RHODE ISLAND HOSPITAL - 593 Eddy Street, Providence, RI 02903

Secured Party Name and Address:

CREEKRIDGE CAPITAL - 7201 Metro Boulevard Suite 800, Edina, MN 55439

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)	