

## 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) <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 60%;"><p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p><p>File with: Secretary of State, RI</p></div><div style="width: 35%; text-align: center;"><p>101223082</p><p>RIRI</p></div></div> <p style="text-align: center; margin-top: 10px;"><b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></p>				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202430667730 6/10/2024 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>	
2. <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input checked="" type="checkbox"/> <b>ASSIGNMENT</b> (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. <input type="checkbox"/> <b>CONTINUATION:</b> 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. <input type="checkbox"/> <b>PARTY INFORMATION CHANGE</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;">AND Check <u>one</u> of these three boxes to:</span> <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c.</div><div><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c.</div><div><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.</div></div>				
6. <b>CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"><div style="width: 60%;"><p>6a. ORGANIZATION'S NAME Newport County Propane, Inc.</p></div><div style="width: 40%; text-align: center;"><p>6b. INDIVIDUAL'S SURNAME</p><p>FIRST PERSONAL NAME</p><p>ADDITIONAL NAME(S)/INITIAL(S)</p><p>SUFFIX</p></div></div></div>				
7. <b>CHANGED OR ADDED INFORMATION:</b> 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)				
<div style="border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"><div style="width: 60%;"><p>7a. ORGANIZATION'S NAME Hanmi Bank</p></div><div style="width: 40%; text-align: center;"><p>7b. INDIVIDUAL'S SURNAME</p><p>INDIVIDUAL'S FIRST PERSONAL NAME</p><p>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</p><p>SUFFIX</p></div></div></div>				
7c. MAILING ADDRESS				
<div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"><div style="width: 40%;"><p>3660 Wilshire Blvd PH.A.</p></div><div style="width: 20%; text-align: center;"><p>CITY Los Angeles</p></div><div style="width: 10%; text-align: center;"><p>STATE CA</p></div><div style="width: 15%; text-align: center;"><p>POSTAL CODE 91001</p></div><div style="width: 15%; text-align: center;"><p>COUNTRY USA</p></div></div>				
8. <b>COLLATERAL CHANGE</b> Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral <small>Indicate collateral. *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8.</small>				
9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> 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 <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"><div style="width: 60%;"><p>9a. ORGANIZATION'S NAME C T Corporation System, as representative</p></div><div style="width: 40%; text-align: center;"><p>9b. INDIVIDUAL'S SURNAME</p><p>FIRST PERSONAL NAME</p><p>ADDITIONAL NAME(S)/INITIAL(S)</p><p>SUFFIX</p></div></div></div>				
10. <b>OPTIONAL FILER REFERENCE DATA:</b> Debtor Name: Newport County Propane, Inc. 101223082				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form  
202430667730 6/10/2024 SS RI

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a ORGANIZATION'S NAME C T Corporation System, as representative	
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 Newport County Propane, Inc.			
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:  
Newport County Propane, Inc. - 50 Underwood Lane , Middletown, RI 02842

Secured Party Name and Address:  
C T Corporation System, as representative - 330 N Brand Blvd, Suite 700, Attn: SPRS , Glendale, CA 91203  
Hanmi Bank - 3660 Wilshire Blvd PH.A. , Los Angeles, CA 91001

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	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)	

18. MISCELLANEOUS 101223082-RI-0 C T Corporation System, as File with: Secretary of State, RI