

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) 8078 - WELLS FARGO	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	101163604 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

201414570350 12/10/2014 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record)
(or recorded) in the REAL ESTATE RECORDS

File Attach Amendment Addendum (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 Statement3. ☐ 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 CHANGECheck one of these two boxesAND Check one of these three boxes toThis Change affects: ☒ Debtor or ☐ Secured Party of record☐ 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 one name (6a or 6b).

6a. ORGANIZATION'S NAME Crestview Dental Associates, Inc.				
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 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				
OR	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
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8. COLLATERAL CHANGE. Check only one box: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral
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 9.9. 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, N.A.				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: Crestview Dental Associates, Inc.
101163604 Northeast

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201414570350 12/10/2014 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME Wells Fargo Bank, N.A.	
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 Crestview Dental Associates, 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:

Crestview Dental Associates, Inc. - 33 Crestview Dr., Westerly, RI 02891

Torbett, Jennifer Ann - 813 Mooresfield Rd., Saunderstown, RI 02874

Torbett, Jennifer A - 813 Mooresfield Rd., Saunderstown, RI 02874

Secured Party Name and Address:

Wells Fargo Bank, N.A. - 2000 Powell St., Fourth Floor, Emeryville, CA 94608

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)	