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_	CC FINANCING STATEMENT AMENDMENT LLOW INSTRUCTIONS					
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) ame: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	318-662-4141	7			
В	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com		7			
C.	SEND ACKNOWLEDGMENT 10: (Name and Address) 9699 - FEDE	RAL HOME				
	Lien Solutions 10132	8292				
	P.O. Box 29071 Glendale, CA 91209-9071 RIRI	·				
	File with Constant of State DI	ı				
	File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION	THE ABOVE SPA	CE IS F	OR FILING OFFICE US	SE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 7553 4/20/2001 SS RI		(or recorded) in the REA	LESTATE	ENDMENT is to be filed [filed [filed Filed Filed	•
2. [TERMINATION Effectiveness of the Financing Statement identified above is Statement	s terminated with				
3 [ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected or			ssignor 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 secunty interest(s) of Secured	Party aut	horizing this Continuation S	Statement is
5. [PARTY INFORMATION CHANGE					
	SHECK ONE OF THE SECTION OCKES	of these three bo: GE name and/or a		ne. Comple	steiltem ", DELETE name	Give record name
_	This Change affects Debtor or Secured Party of record Stem 6.			and item 7	'a to be deleted in	
	61 ORGANIZATION'S NAME	· -	(00 01 00)			
OR	THE FEDERAL HOME LOAN BANK OF PITTSBURGH	FIRST PERSON	AL N 416	Lannerin	NAL NAME(S)/INITIAL(S)	SUFFIX
		- ANSI PENSOIL	AL NOWLE		the transformation	30-77
7 (CHANGED OR ADDED INFORMATION, Complete for Assignment or Party Information Ch. [7.a. DRIGANIZATION'S NAME	ange provide orly	ong name (7a or 7b) (use exact, full name.	do not omit,	modify, or abbreviate any part of the	e Deblor's name)
	Federal Home Loan Bank of Pittsburgh					
OR	76 INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	The state of the s					
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					SUFFIX
7c	MAILING ADDRÉSS	CITY		STATE	POSTAL CODE	COUNTRY
30	01 Grant Street, Suite 2000	Pittsburgh		PA	15219	USA
8	COLLATERAL CHANGE Check only one box) collateral	DELETE collateral F	RESTATE	covered collateral	ASSIGN* collatera
	Indicate collateral *Creek AS	ISIGN COLLATERAL (only if the assignee's power to arriend the reco	d is limited to	certain collateral and describe the or	olluferat in Section 8
	IAME OF SECURED DARTY OF DECORD AUTHODISING THE AME	******* D				
		ENDMENT. Propagation of authorizing		ame of Ass	signor, it this is an Assignm	ent)
	93 ORGANIZATION'S NAME THE FEDERAL HOME LOAN BANK OF PITTSBURGH					
OR	% INDIVIDUAL'S SURNAME	FIRST PERSON	NL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
		L_				
	OPTIONAL FILER REFERENCE DATA Debtor Name: SOVEREIGN L	MI, INC.			- · · · - · - · - · - · - · - · - · - ·	^
101	328292 FHLB					

RI SOS Filing Number: 202431248820 Date: 10/25/2024 12:28:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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4 ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR DTHFR INFORMATION (Please Describe) lebtor Name and Address: OVEREIGN L.MI, INC 15 WESTMINSTER STREET , PROVIDENCE, RI 02903 secured Party Name and Address: ederal Home Loan Bank of Pittsburgh - 301 Grant Street Suite 2000, Pittsburgh, PA 15219							
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15 This FINANCING STATEMENT AMENDMENT 17. Description of real estate 17. Description of real estate 18. Name and address of a RECORD OWNER of real estate described in term 17.							
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