

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B. E-MAIL CONTACT AT SUBMITTER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO (Name and Address)</b> 18135 - M&T BANK - <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>103490887  RIRI FIXTURE</div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">File with: Secretary of State, RI <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201718976470 12/26/2017 SS RI	<b>1b.</b> <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS File <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13																
<b>2.</b> <input checked="" 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																	
<b>3.</b> <input 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																	
<b>4.</b> <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																	
<b>5.</b> <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 <b>AND Check <u>one</u> of these three boxes to:</b> <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b																	
<b>6. CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) <table border="1" style="width: 100%;"><tr><td colspan="4"><b>6a. ORGANIZATION'S NAME</b> CV South LLC</td></tr><tr><td style="width: 40%;"><b>6b. INDIVIDUAL'S SURNAME</b></td><td style="width: 30%;"><b>FIRST PERSONAL NAME</b></td><td style="width: 20%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></td><td style="width: 10%;"><b>SUFFIX</b></td></tr></table>		<b>6a. ORGANIZATION'S NAME</b> CV South LLC				<b>6b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>								
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<b>7. 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) <table border="1" style="width: 100%;"><tr><td colspan="4"><b>7a. ORGANIZATION'S NAME</b></td></tr><tr><td colspan="4"><b>7b. INDIVIDUAL'S SURNAME</b></td></tr><tr><td colspan="4"><b>INDIVIDUAL'S FIRST PERSONAL NAME</b></td></tr><tr><td colspan="3"><b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b></td><td><b>SUFFIX</b></td></tr></table>		<b>7a. ORGANIZATION'S NAME</b>				<b>7b. INDIVIDUAL'S SURNAME</b>				<b>INDIVIDUAL'S FIRST PERSONAL NAME</b>				<b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b>			<b>SUFFIX</b>
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<b>7c. MAILING ADDRESS</b> <table border="1" style="width: 100%;"><tr><td style="width: 40%;">CITY</td><td style="width: 20%;">STATE</td><td style="width: 20%;">POSTAL CODE</td><td style="width: 20%;">COUNTRY</td></tr></table>		CITY	STATE	POSTAL CODE	COUNTRY												
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<b>8. 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 Indicate collateral: _____ <small>*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 11</small>																	
<b>9. 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 <table border="1" style="width: 100%;"><tr><td colspan="4"><b>9a. ORGANIZATION'S NAME</b> Manufacturers and Traders Trust Company</td></tr><tr><td style="width: 40%;"><b>9b. INDIVIDUAL'S SURNAME</b></td><td style="width: 30%;"><b>FIRST PERSONAL NAME</b></td><td style="width: 20%;"><b>ADDITIONAL NAME(S)/INITIAL(S)</b></td><td style="width: 10%;"><b>SUFFIX</b></td></tr></table>		<b>9a. ORGANIZATION'S NAME</b> Manufacturers and Traders Trust Company				<b>9b. INDIVIDUAL'S SURNAME</b>	<b>FIRST PERSONAL NAME</b>	<b>ADDITIONAL NAME(S)/INITIAL(S)</b>	<b>SUFFIX</b>								
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<b>10. OPTIONAL FILER REFERENCE DATA</b> Debtor Name: CV South LLC 103490887 001-1492 20687489																	

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

201718976470 12/26/2017 SS RI

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

12a. ORGANIZATION'S NAME

Manufacturers and Traders Trust Company

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

CV South LLC

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:

CV South LLC - 1414 Atwood Avenue, Johnston, RI 02919

Secured Party Name and Address:

Manufacturers and Traders Trust Company - One M&T Plaza, Buffalo, NY 14203

15. This FINANCING STATEMENT AMENDMENT:

☒ covers timber to be cut ☒ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)

17. Description of real estate

State: RI