

# UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

**IMPORTANT:**

Read instructions on back before filling out form.

Receipt No. \_\_\_\_\_

1. File No. of Orig. Financing Statement 08625 / 0494707 B0600 P5215	1A. Date of Filing of Orig. Financing Statement 06/26/2000	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement NV, DOUGLAS County Clerk
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) THRIFTY PAYLESS, INC. D/B/A RITE AID		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 95-4391249	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 30 HUNTER LANE		2C. CITY, STATE CAMP HILL, PA	2D. ZIP CODE 17011
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		4A. SOCIAL SECURITY OR FEDERAL TAX NO.	
4B. MAILING ADDRESS		4C. CITY, STATE	4D. ZIP CODE
5. SECURED PARTY NAME WILMINGTON TRUST COMPANY, AS SECOND PRIORITY COLLATERAL TRUSTEE MAILING ADDRESS RODNEY SQUARE NORTH, 1100 N. MARKET ST., ATTN: CORPORATE TRUST ADMINISTRATION CITY WILMINGTON STATE DE ZIP CODE 19890-0001		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
7. A. <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B. <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.			
C. <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D. <input checked="" type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E. <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)			
8. _____			

THIS SPACE FOR USE OF FILING OFFICER

9. \_\_\_\_\_ (Date) \_\_\_\_\_

By \_\_\_\_\_ SIGNATURE(S) OF DEBTOR(S) \_\_\_\_\_ (TITLE)  
THRIFTY PAYLESS, INC. D/B/A RITE AID

By \_\_\_\_\_ SIGNATURE(S) OF SECURED PARTY(IES) \_\_\_\_\_ (TITLE)  
WILMINGTON TRUST COMPANY, AS SECOND PRIORITY COLLATERAL TRUSTEE

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

0517630

BK0701PG0350

REQUESTED BY  
*Intercounty Clearance*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2001 JUL -3 AM 11:56

LINDA SLATER  
RECORDER

\$15 PAID *K2* DEPUTY

Secured Party

11.  Return Copy to:

Intercounty Clearance Corp

NAME 440 Ninth Avenue  
ADDRESS New York, NY 10001  
CITY, STATE AND ZIP

701986

Trust Account Number (If Applicable)

0000049941 01911