TO: (Name and Address) Sents Savings Bank treet 2720 GAL NAME - insert only one debtor name (1a LINFO RE 1e. TYPE OF ORGANIZATION ANIZATION OR Individual ACT FULL LEGAL NAME - insert only one of		MIDDLE H. STATE Ri 1g. ORG	NAME POSTAL CODE 92878 ANIZATIONAL ID #, if any	SUFFIX COUNTRY USA
L INFO RE 1e. TYPE OF ORGANIZATION ANIZATION OR Individual	FIRST NAME Richard CITY Tiverton 1f. JURISDICTION OF ORGANIZATION idebtor name (2a or 2b) - do not abbreviate or comi	MIDDLE H. STATE Ri 1g. ORG	POSTAL CODE 02878	SUFFIX COUNTRY USA
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LINFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
ANIZATION .	1	i -		П,
	S(D) insert only one convert notice one /2c or	2h)		<u> </u>
(or NAME of 101AL ASSIGNEE OF ASSIGNOR	(S/P) - insert only one secured party name (3a or	30)		
avings Bank				
3b. INDIVIDUAL'S LAST NAME		MIDDLE	NAME	SUFFIX
				İ
	СІТУ	STATE	POSTAL CODE	COUNTRY
lorth Main Street Fall River		MA	02720	USA
ers the following collateral:				
ons, additions, replacements, and s	substitutions relating to any of the fe	oregoing; a	Il records of any k	and relating
	avings Bank ers the following collateral: er, Accounts, Equipment, Fixtures ons, additions, replacements, and	ANIZATION OR (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or avings Bank FIRST NAME CITY Fall River ers the following collateral: er, Accounts, Equipment, Fixtures and General Intangibles; whether arons, additions, replacements, and substitutions relating to any of the following to any of the	ANIZATION OR (OR) (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) avings Bank FIRST NAME CITY Fall River ACCOUNTS, Equipment, Fixtures and General Intangibles; whether any of the formure, additions, replacements, and substitutions relating to any of the foregoing; a	ANIZATION OR (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) avings Bank FIRST NAME MIDDLE NAME CITY Fall River MA 02720