UCC FINANCING STATEMENT AN	IENDMEN	т				
FOLLOW INSTRUCTIONS (front and back) CAREFULL		<u> </u>				
A. NAME & PHONE OF CONTACT AT FILER [optional]						
Christy Melo 774-888-6168  B. SEND ACKNOWLEDGMENT TO: (Name and Address	ee)	i				
I —	33,	<b>⊸</b> l				
Bank Five		ll l				
79 North Main St Fall River, MA 02720						
Attn: Christy Melo						
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		ı				
			THE ABOVE SPA		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 200502023510					FINANCING STATEMENT e filed [for record] (or recor	
TERMINATION: Effectiveness of the Financing Statem	ent identified shove is	terminated with respect t	o security interset(s) of the		AL ESTATE RECORDS.	on Statement
3. CONTINUATION: Effectiveness of the Financing States					<u> </u>	
continued for the additional period provided by applicable			,			
4. ASSIGNMENT (full or partial): Give name of assignee	in item 7a or 7b and a	ddress of assignee in iter	n 7c; and also give name of	assignor in	item 9.	
<ol> <li>AMENDMENT (PARTY INFORMATION): This Amend Also check one of the following three boxes and provide appro</li> </ol>			ty of record. Check only or	e of these	wo boxes.	
CHANGE name and/or address: Give current record nam name (if name change) in item 7a or 7b and/or new address.			TE name: Give record name		D name: Complete item 7a	
6. CURRENT RECORD INFORMATION:	ss (if address change)	in item /c to be	deleted in item 6a or 6b.	(te	m 7c; also complete items 7	d-/g (if applicable).
6a. ORGANIZATION'S NAME						
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		IMIDDI E	NAME	SUFFIX
Souza		Richard		MIDDLE NAME  J.		Juria
7. CHANGED (NEW) OR ADDED INFORMATION:				15.		l
7a. ORGANIZATION'S NAME	1					
OR 7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS		FIRST NAME		MIDDLE NAME		SUFFIX
				STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any		
DEBTOR	<del>.</del>				<del> </del>	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only Describe collateral deleted or added, or give entire		l description, or describ	e colleteral Tassioned			
A NAME OF STOLIDED PARTY DECORD AUTUM					· · · · · · · · · · · · · · · · · · ·	
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHO adds collateral or adds the authorizing Debtor, or if this is a T.</li> </ol>			signor, if this is an Assignmei and enter name of DEB			by a Debtor which
9a. ORGANIZATION'S NAME			····			
Fall River Five Cents Savings Bank						
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
		I		1		1
10, OPTIONAL FILER REFERENCE DATA						