SEND ACKNOWLEDGMENT TO: (Name and Address)				
	\neg			
UniBank for Savings 49 Church Street				
Whitinsville, MA 015	0 0			
will clisville, MA 015	00			
		CD 4 CE 10 E0	2 F. W. OFFICE III	CE ON V
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor		SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S NAME	Trianic (16 of 16) - do not approvide of committee fames			
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Bouchard MAILING ADDRESS	Darrell CITY	H.	TPOSTAL CODE	OOL INTE
730 South County Trail	West Kingston	STATE	02892	COUNTR
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGANIZ			ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR	F	1.9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	П
DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert	t only one debtor name (2a or 2b) - do not abbreviate or comb	ine names	···	
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
Bouchard	Barbara	I.		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
730 South County Trail [AXID#: SSN OREIN ADD'LINFORE 2e. TYPE OF ORGANIZ	West Kingston ATION 21 JURISDICTION OF ORGANIZATION	RI	02892	USA
ORGANIZATION	ATION 21. JUNISDICTION OF ORGANIZATION	2g. ORG/	ANIZATIONAL ID #, if any	
DEBTOR ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A	ACCIONED OF D. Transitation			
3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME	ASSIGNOR SIP) - Insert only one secured party name (3a or 3	iD)		
UniBank for Savings				
	FIRST NAME	MIDDLE NAME		SUFFIX
3b. INDIVIDUAL'S LAST NAME				
	1		POSTAL CODE	COUNTR
36 INDIVIDUAL'S LAST NAME MAILING ADDRESS 9 Church Street	CITY Whitinsville	STATE	01588	USA