

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **BANK OF FALL RIVER, A CO-OPERATIVE BANK** Phone: **508-678-7655**

CONTACT INFORMATION

Contact name: **NANCY DURANT**

Street #1: **30 BEDFORD STREET**

City: **FALL RIVER** State: **MA** ZIP: **02720** Country: **USA**

Notification Method: **E-Mail** Email: **ndurant@bankoffallriver.com**

DEBTOR INFORMATION

Last Name: **COSTA** First: **NANCY**

Mailing Address1: **37 BLACKBIRD ST.**

City: **TIVERTON** State: **RI** ZIP: **02878** Country: **USA**

Last Name: **COSTA** First: **RICHARD** Middle: **J.**

Mailing Address1: **37 BLACKBIRD ST.**

City: **TIVERTON** State: **RI** ZIP: **02878** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF FALL RIVER, A CO-OPERATIVE BANK**

Mailing Address1: **P.O. BOX 591**

City: **FALL RIVER** State: **MA** ZIP: **02722** Country: **USA**

TRANSACTION TYPE: STANDARD