

UCC-3 Form - Amendment

Original File Number: **201009156240** Original File Date: **10/18/2010 4:09:00 PM**

FILER INFORMATION

Full name: **MARY EGAN** Phone: **860-774-0717**

CONTACT INFORMATION

Contact name: **FARM CREDIT EAST, ACA**

Street #1: **785 HARTFORD PIKE**

City: **DAYVILLE** State: **CT** ZIP: **06241** Country: **USA**

Notification Method: **E-MAIL** Email: **MARY.EGAN@FARMCREDITEAST.COM**

DEBTOR INFORMATION

Last Name: **SCHARTNER** First: **JEB** Middle: **S**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

Last Name: **SCHARTNER** First: **NANCY** Middle: **A**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

Last Name: **SCHARTNER** First: **RICHARD** Middle: **J**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

Org. Name: **DRY BRIDGE FARM, LLC**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

Org. Name: **SCHARTNER FARMS REALTY, L.L.C.**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

Org. Name: **SCHARTNER FARMS-SLOCUM, LLC**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

Org. Name: **SOUTH COUNTY WHOLESALE DISTRIBUTORS, INC.**

Mailing Address1: **ROUTE 2, ONE ARNOLD PLACE**

City: **EXETER** State: **RI** ZIP: **02822** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **FARM CREDIT EAST, ACA**

Mailing Address1: **785 HARTFORD PIKE**

City: **DAYVILLE** State: **CT** ZIP: **06241** Country: **USA**

TRANSACTION TYPE: STANDARD

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