

# UCC-3 Form - Continuation

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## FILER INFORMATION

Full name: **KELLY CAMPBELL** 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: **KELLY.CAMPBELL@FARMCREDITEAST.COM**

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## DEBTOR INFORMATION

Last Name: **SPINELLA** First: **LYN**

Mailing Address1: **9 KENDALL DRIVE**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

Last Name: **SPINELLA** First: **LYN** Middle: **A**

Mailing Address1: **9 KENDALL DRIVE**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

Last Name: **SPINELLA** First: **MICHAEL**

Mailing Address1: **9 KENDALL DRIVE**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

Last Name: **SPINELLA** First: **MICHAEL** Middle: **C**

Mailing Address1: **9 KENDALL DRIVE**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

Org. Name: **MCS ENTERPRISES, LLC**

Mailing Address1: **9 KENDALL DRIVE**

City: **LINCOLN** State: **RI** ZIP: **02865** Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **FARM CREDIT EAST, ACA (SUCCESSOR BY MERGER TO FIRST PIONEER FARM CREDIT, ACA)**

Mailing Address1: **785 HARTFORD PIKE**

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

Org. Name: **FIRST PIONEER FARM CREDIT, ACA**

Mailing Address1: **785 HARTFORD PIKE**

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

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## TRANSACTION TYPE: STANDARD

## COLLATERAL IS / ADMINISTERED BY:

## ALTERNATIVE DESIGNATION: