

# UCC-3 Form - Amendment

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## CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**  
Street #1: **803 MAIN STREET**  
City: **WILLIMANTIC**    State: **CT**    ZIP: **06226**    Country: **USA**  
Notification Method: **E-MAIL**    Email: **LYNN\_WARREN@BANKSI.COM**

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## DEBTOR INFORMATION

Org. Name: **JUNIPER CORNER, LLC**  
Mailing Address1: **70 AMERICA STREET, #A**  
City: **PROVIDENCE**    State: **RI**    ZIP: **02903**    Country: **USA**

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## SECURED PARTY INFORMATION

Org. Name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**  
Mailing Address1: **803 MAIN STREET**  
City: **WILLIMANTIC**    State: **CT**    ZIP: **06226**    Country: **USA**

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**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS / ADMINISTERED BY:**

**ALTERNATIVE DESIGNATION:**