

UCC-3 Form - Continuation

Original File Number: **201210745420** Original File Date: **1/12/2012 11:39:00 AM**

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: **SUSAN_GRIMES@BANKSI.COM**

DEBTOR INFORMATION

Org. Name: **CHATEAU HOLDINGS, LLC**
Mailing Address1: **21 TEWS COURT, NEWPORT**
City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **NEWPORT FEDERAL SAVINGS BANK**
Mailing Address1: **100 BELLEVUE AVENUE, P.O. BOX 210**
City: **NEWPORT** State: **RI** ZIP: **02840** Country: **USA**

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

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: