

UCC-3 Form - Continuation

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CONTACT INFORMATION

Contact name: **SAVINGS INSTITUTE BANK & TRUST COMPANY**
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City: **WILLIMANTIC** State: **CT** ZIP: **06226** Country: **USA**
Notification Method: **E-MAIL** Email: **SUSAN_GRIMES@BANKSI.COM**

DEBTOR INFORMATION

Org. Name: **MAIDE, LLC**
Mailing Address1: **206 MEADOW LANE**
City: **MIDDLETOWN** State: **CT** ZIP: **02842** 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 & TRUST COMPANY**
Mailing Address1: **803 MAIN STREET**
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TRANSACTION TYPE: STANDARD

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