



**CAUTION:**  
This is not an amendment.

**INFORMATION STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<input type="checkbox"/> Jane M. Pineau Attorney at Law 446 County Street New Bedford, MA 02740 <input type="checkbox"/> janepineau@pineaulaw.com

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this INFORMATION STATEMENT relates

1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>201008931820</b>	1b. RECORD INFORMATION TO WHICH THIS INFORMATION STATEMENT RELATES <b>UCC3 Termination filed 2/22/17 #201717659400</b>
--	---

2. Check one of these three boxes to indicate the claim made by this INFORMATION STATEMENT

- 2a.  RECORD IS INACCURATE. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy
- 2b.  RECORD WAS WRONGFULLY FILED. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 was wrongfully filed
- 2c.  RECORD FILED BY PERSON NOT ENTITLED TO DO SO. Enter in item 3 the basis for the belief by the Secured Party of Record that the person that filed the RECORD identified in item 1 was not entitled to do so under UCC Section 9-509

3. Basis for claim of box checked in item 2

**UCC3 Termination filed on 2/22/2017 #201717659400 was filed in error**

4. If this INFORMATION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this INFORMATION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1a above was filed [or recorded]

4a. DATE <b>August 4, 2010</b>	4b. TIME <b>11:35:00 AM</b>
-----------------------------------	--------------------------------

5. NAME of PERSON filing this INFORMATION STATEMENT

5a. ORGANIZATION'S NAME				
OR	5b. INDIVIDUAL'S SURNAME <b>Pineau</b>	FIRST PERSONAL NAME <b>Jane</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>M.</b>	SUFFIX