UCC-3 Form - CONTINUATION

Original File Number: 200805856400

FILER INFORMATION

Full name:

Email Contact at Filer: SUSAN_GRIMES@BANKSI.COM

SEND ACKNOWLEDGEMENT TO

Contact name: SAVINGS INSTITUTE BANK & TRUST COMPANY

Mailing Address: 803 MAIN STREET

City, State Zip Country: WILLIMANTIC, CT 06226 USA

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: SAVINGS INSTITUTE BANK & TRUST COMPANY

CUSTOMER REFERENCE: 986.4744687