

# UCC-3 Form - TERMINATION

*Original File Number:* **200705548090**

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## FILER INFORMATION

*Full name:* **WOLPERT & ASSOCIATES, INC.**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **WOLPERT & ASSOCIATES, INC.**

*Mailing Address:* **10 DORRANCE STREET, SUITE 530**

*City, State Zip Country:* **PROVIDENCE, RI 02903 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: CITIZENS BANK, NA**

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