

# UCC-3 Form - CONTINUATION

*Original File Number:* **201413582390**

---

## FILER INFORMATION

*Full name:* **JOANN FERRIS**

*Email Contact at Filer:* **JOANN.FERRIS@BANKNEWPORT.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BANKNEWPORT**

*Mailing Address:* **PO Box 450**

*City, State Zip Country:* **NEWPORT, RI 02840 USA**

---

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANKNEWPORT**

---

**CUSTOMER REFERENCE: QB BITES**

---