

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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Contact name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

City, State Zip Country: **BROCKTON, MA 02301 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: HARBORONE BANK

CUSTOMER REFERENCE: LYNNED CORP 9307200011034
