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FILER INFORMATION

Full name:

Email Contact at Filer: LWARREN@SAVINGSINSTITUTE.BANK

SEND ACKNOWLEDGEMENT TO

Contact name: BERKSHIRE BANK
Mailing Address: 803 MAIN STREET

City, State Zip Country: WILLIMANTIC, CT 06226 USA

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

CUSTOMER REFERENCE: xx247964