

UCC-3 Form - ASSIGNMENT

Original File Number: **201110600180**

FILER INFORMATION

Full name: **DIME BANK**

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SEND ACKNOWLEDGEMENT TO

Contact name: **DIME BANK**

Mailing Address: **290 SALEM TURNPIKE**

City, State Zip Country: **NORWICH, CT 06360 USA**

SECURED PARTY INFORMATION

Org. Name: **SAVINGS INSTITUTE BANK AND TRUST COMPANY**

Mailing Address: **803 MAIN STREET**

City, State Zip Country: **WILLIMANTIC, CT 06226 USA**

ASSIGNEE INFORMATION

Org. Name: **DIME BANK**

Mailing Address: **290 SALEM TURNPIKE**

City, State Zip Country: **NORWICH, CT 06360 USA**

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

CUSTOMER REFERENCE: MARLBOROUGH STREET ASSOC.
