

# UCC-3 Form - ASSIGNMENT

*Original File Number:* **201820377550**

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## FILER INFORMATION

*Full name:* **DIME BANK**

*Email Contact at Filer:* **PJELLO@DIME-BANK.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **DIME BANK**

*Mailing Address:* **290 SALEM TURNPIKE**

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

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## SECURED PARTY INFORMATION

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

*Mailing Address:* **803 MAIN STREET**

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

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## ASSIGNEE INFORMATION

*Org. Name:* **DIME BANK**

*Mailing Address:* **290 SALEM TURNPIKE**

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

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

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**CUSTOMER REFERENCE: POLO CLUB CONDO ASSOC.**

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