

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

Full name: **CRYSTAL OLIVEIRA**

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## SEND ACKNOWLEDGEMENT TO

Contact name: **HARBORONE BANK**

Mailing Address: **770 OAK STREET**

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

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

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**CUSTOMER REFERENCE: SPECTRAL INC 14109500081094**

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