

# UCC-3 Form - CONTINUATION

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## **FILER INFORMATION**

*Full name:* **CRYSTAL OLIVEIRA**

*Email Contact at Filer:* **COLIVEIRA@HARBORONE.COM**

## **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: PARK ASSOCIATES 14116500011034**

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