

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

*Full name:* **CARLA RUSSELL**

*Email Contact at Filer:* **CRUSSELL@MANSFIELDBANK.BANK**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BLUESTONE BANK**

*Mailing Address:* **80 NORTH MAIN STREET**

*City, State Zip Country:* **MANSFIELD, MA 02048 USA**

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

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**CUSTOMER REFERENCE: 503 PUB 7-227 7-226**

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