

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **FARM CREDIT EAST, ACA**

*Mailing Address:* **785 HARTFORD PIKE**

*City, State Zip Country:* **DAYVILLE, CT 06241 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: FARM CREDIT EAST, ACA**

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