

# UCC-3 Form - CONTINUATION

*Original File Number:* **201110109890**

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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: WCP ASSOCIATES 12054700011034**

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