

# UCC-3 Form - TERMINATION

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **ANDELLA'S BOULEVARD MEATS, LLC**

*Mailing Address:* **627 ARMISTICE BOULEVARD**

*City, State Zip Country:* **PAWTUCKET, RI 02861 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: MECHANICS COOPERATIVE BANK**

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**CUSTOMER REFERENCE: 01-33900246**

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