

UCC-3 Form - TERMINATION

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FILER INFORMATION

Full name: **YOUR PLACE RI, LLC**

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SEND ACKNOWLEDGEMENT TO

Contact name: **YOUR PLACE RI, LLC**

Mailing Address: **601 GREAT ROAD**

City, State Zip Country: **NORTH SMITHFIELD, MA 02896 USA**

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

CUSTOMER REFERENCE: 01-25900558
