

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

Contact name: **BRISTOL COUNTY SAVINGS BANK**

Mailing Address: **29 BROADWAY**

City, State Zip Country: **NEW BEDFORD, MA 02780 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BRISTOL COUNTY SAVINGS BANK**

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