

UCC-3 Form - CONTINUATION

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FILER INFORMATION

Full name: **COURTNEY SLACK**

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SEND ACKNOWLEDGEMENT TO

Contact name: **NORTH EASTON SAVINGS BANK FKA MUTUAL BANK FKA MUTUAL FEDERAL SAVINGS BANK OF PLYMOUTH
COUNTY**

Mailing Address: **20 EASTMAN STREET**

City, State Zip Country: **SOUTH EASTON, MA 02375 USA**

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: NORTH EASTON SAVINGS BANK FKA MUTUAL BANK
FKA MUTUAL FEDERAL SAVINGS BANK OF PLYMOUTH COUNTY**
