

# UCC-3 Form - TERMINATION

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

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*City, State Zip Country:* **MIDDLETOWN, RI 02842 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANKNEWPORT**

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**CUSTOMER REFERENCE: SOUTH COUNTY INTERNAL MEDICINE INC**

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