

UCC-3 Form - CONTINUATION

Original File Number: **201819951510**

FILER INFORMATION

Full name:

Email Contact at Filer: **ABUNDY@DIME-BANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **DIME BANK**

Mailing Address: **290 SALEM TPKE**

City, State Zip Country: **NORWICH, CT 06360 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: DIME BANK

CUSTOMER REFERENCE: DENTAL ASSOC RI - ND 2/16/23
