

UCC-3 Form - TERMINATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

Contact name: **FALL RIVER FIVE CENTS SAVINGS BANK**

Mailing Address: **79 N MAIN ST**

City, State Zip Country: **FALL RIVER, MA 02720 USA**

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: FALL RIVER FIVE CENTS SAVINGS BANK
DBA BANKFIVE**
