

# UCC-3 Form - TERMINATION

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## FILER INFORMATION

*Full name:* **MICHELE WAREHAM**

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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**

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

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