

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **NORTH EASTON SAVINGS BANK F/K/A MUTUAL BANK**

*Mailing Address:* **20 EASTMAN STREET**

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

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: NORTH EASTON SAVINGS BANK F/K/A MUTUAL BANK**

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