

# UCC-3 Form - TERMINATION

*Original File Number:* **202329191140**

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## FILER INFORMATION

*Full name:* **ANN WIDMANN**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **CHICAGO TITLE INSURANCE COMPANY**

*Mailing Address:* **ONE STATE STREET - 6TH FLOOR**

*City, State Zip Country:* **PROVIDENCE, RI 02908 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: DWIGHT CAPITAL LLC**

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**CUSTOMER REFERENCE: FILE 10769193**

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