

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

*Full name:*

*Email Contact at Filer:* **TRACY.BOGLE@FARMCREDITEAST.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **FARM CREDIT EAST, ACA**

*Mailing Address:* **67 BEDFORD STREET**

*City, State Zip Country:* **MIDDLEBORO, MA 02346 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: FARM CREDIT EAST, ACA**

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**CUSTOMER REFERENCE: RI NURSERIES, INC. 3.4.2004 CONTINUATION**

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