

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|  |  |                     |   |             |
|--|--|---------------------|---|-------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Sara Gray</b>   |  |                     |   |             |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>sgray@gorhamsavings.bank</b>   |  |                     |   |             |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div style="border: 1px solid black; padding: 10px; margin: 5px 0;"><b>Gorham Savings Bank</b><br/><b>10 Wentworth Dr</b><br/><b>Gorham, ME 04038</b></div>   |  |                     |   |             |
| <b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>   |  |                     |   |             |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>200907805810</b>   |  |                     | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br>Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 |             |
| 2. <input type="checkbox"/> <b>TERMINATION.</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement   |  |                     |   |             |
| 3. <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial). Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8  |  |                     |   |             |
| 4. <input checked="" type="checkbox"/> <b>CONTINUATION.</b> Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  |  |                     |   |             |
| 5. <input type="checkbox"/> <b>PARTY INFORMATION CHANGE.</b><br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |                     |   |             |
| 6. <b>CURRENT RECORD INFORMATION.</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)  |  |                     |   |             |
| 6a. ORGANIZATION'S NAME<br><b>Falmouth Ventures, LLC</b>   |  |                     |   |             |
| OR   |  |                     |   |             |
| 6b. INDIVIDUAL'S SURNAME   |  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX      |
| 7. <b>CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name)  |  |                     |   |             |
| 7a. ORGANIZATION'S NAME  |  |                     |   |             |
| OR   |  |                     |   |             |
| 7b. INDIVIDUAL'S SURNAME   |  |                     |   |             |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |                     |   |             |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |  |                     |   | SUFFIX      |
| 7c. MAILING ADDRESS  |  | CITY                | STATE   | POSTAL CODE |
|  |  |                     |   | COUNTRY     |
| 8. <input type="checkbox"/> <b>COLLATERAL CHANGE.</b> Also check <u>one</u> of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br>Indicate collateral:  |  |                     |   |             |
| 9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor  |  |                     |   |             |
| 9a. ORGANIZATION'S NAME<br><b>Gorham Savings Bank</b>  |  |                     |   |             |
| OR   |  |                     |   |             |
| 9b. INDIVIDUAL'S SURNAME   |  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX      |
| 10. <b>OPTIONAL FILER REFERENCE DATA:</b><br><b>Falmouth Ventures, LLC</b>   |  |                     |   |             |