

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Sara Gray				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> sgray@gorhamsavings.bank				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="border: 1px solid black; padding: 10px; margin: 5px 0;">Gorham Savings Bank 10 Wentworth Dr Gorham, ME 04038</div>				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 201921828050			<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
<b>2.</b> <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				
<b>3.</b> <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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
<b>4.</b> <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				
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes. <span style="margin-left: 100px;">AND Check <u>one</u> of these three boxes to:</span> This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;"><input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c.</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c.</span> <span style="margin-left: 20px;"><input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.</span>				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="border: 1px solid black; padding: 2px;"><b>6a. ORGANIZATION'S NAME</b> Falmouth Ventures II, LLC</div>				
<div style="border: 1px solid black; padding: 2px;"><b>OR</b> <b>6b. INDIVIDUAL'S SURNAME</b> <span style="float: right;"><b>FIRST PERSONAL NAME</b> <b>ADDITIONAL NAME(S)/INITIAL(S)</b> <b>SUFFIX</b></span></div>				
<b>7. 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).				
<div style="border: 1px solid black; padding: 2px;"><b>7a. ORGANIZATION'S NAME</b></div>				
<div style="border: 1px solid black; padding: 2px;"><b>OR</b> <b>7b. INDIVIDUAL'S SURNAME</b></div>				
<div style="border: 1px solid black; padding: 2px;"><b>INDIVIDUAL'S FIRST PERSONAL NAME</b></div>				
<div style="border: 1px solid black; padding: 2px;"><b>INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</b> <span style="float: right;"><b>SUFFIX</b></span></div>				
<div style="border: 1px solid black; padding: 2px;"><b>7c. MAILING ADDRESS</b> <span style="float: right;"><b>CITY</b> <b>STATE</b> <b>POSTAL CODE</b> <b>COUNTRY</b></span></div>				
<b>8.</b> <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 Indicate collateral				
<b>9. 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) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="border: 1px solid black; padding: 2px;"><b>9a. ORGANIZATION'S NAME</b> Gorham Savings Bank</div>				
<div style="border: 1px solid black; padding: 2px;"><b>OR</b> <b>9b. INDIVIDUAL'S SURNAME</b> <span style="float: right;"><b>FIRST PERSONAL NAME</b> <b>ADDITIONAL NAME(S)/INITIAL(S)</b> <b>SUFFIX</b></span></div>				
<b>10. OPTIONAL FILER REFERENCE DATA</b> Falmouth Ventures II, LLC				