

UCC-3 Form - CONTINUATION

Original File Number: **201921748420**

FILER INFORMATION

Full name: **SHARON LEVY**

Email Contact at Filer: **SLEVY@MECHANICS-COOP.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **MECHANICS COOPERATIVE BANK**

Mailing Address: **470 MYLES STANDISH BLVD**

City, State Zip Country: **TAUNTON, MA 02780 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: MECHANICS COOPERATIVE BANK

CUSTOMER REFERENCE: 125903352
