

UCC-3 Form - TERMINATION

Original File Number: **202329188140**

FILER INFORMATION

Full name: **DAVID CARREIRO**

Email Contact at Filer: **DAVID.CARREIROJR@BANKFIVE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BANKFIVE**

Mailing Address: **79 NORTH MAIN ST**

City, State Zip Country: **FALL RIVER, MA 02720 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: FALL RIVER FIVE CENTS SAVINGS BANK

CUSTOMER REFERENCE: LOAN XXXXX2070
