

# UCC-3 Form - TERMINATION

*Original File Number:* **202124412710**

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## FILER INFORMATION

*Full name:* **DAVID CARREIRO**

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## SEND ACKNOWLEDGEMENT TO

*Contact name:* **BANKFIVE**

*Mailing Address:* **79 NORTH MAIN ST**

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

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

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**CUSTOMER REFERENCE: LOAN XXXX6379**

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