

UCC-3 Form - CONTINUATION

Original File Number: **202022958950**

FILER INFORMATION

Full name: **GINA RIVERS**

Email Contact at Filer: **GRIVERS@COUNTRYBANK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **COUNTRY BANK FOR SAVINGS**

Mailing Address: **15 SOUTH STREET, SUITE C**

City, State Zip Country: **WARE, MA 01082 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: COUNTRY BANK FOR SAVINGS

CUSTOMER REFERENCE: BLUTH LLC xx8950
