

UCC-3 Form - CONTINUATION

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FILER INFORMATION

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SEND ACKNOWLEDGEMENT TO

Contact name: **BANKFIVE**

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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 XXXXX2570
