



# Reporting Owners

| Reporting Owner Name / Address                                  | Relationships |           |         |       |
|---|---------------|-----------|---------|-------|
|   | Director      | 10% Owner | Officer | Other |
| Eade Katherine A.<br>84 OCTOBER HILL RD.<br>HOLLISTON, MA 01746 | X             |           |         |       |

# Signatures

/s/ Chad Porter, by power of attorney 11/01/2017

\*\*Signature of Reporting Person Date

# Explanation of Responses:

## No securities are beneficially owned

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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## Remarks:

No securities are beneficially owned. Exhibit List: Exhibit 24 - Limited Power of Attorney. This form

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.