

This **STATEMENT** is presented for filing pursuant to the California Uniform Commercial Code

1. FILE NO. OF ORIG. FINANCING STATEMENT	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT	1B. DATE OF ORIG. FINANCING STATEMENT	1C. PLACE OF FILING ORIG. FINANCING STATEMENT
2. DEBTOR (LAST NAME FIRST)			2A. SOCIAL SECURITY NO., FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. SECURED PARTY			4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME			
MAILING ADDRESS			
CITY			
STATE			
ZIP CODE			
5. ASSIGNEE OF SECURED PARTY (IF ANY)			5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
NAME			
MAILING ADDRESS			
CITY			
STATE			
ZIP CODE			
6. A <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
B <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.			
C <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.			
D <input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)			
F <input type="checkbox"/> OTHER			

7.

<p>8. _____ (Date) _____ 19____</p> <p>By: _____ (TITLE)</p> <p style="text-align: center;">SIGNATURE(S) OF DEBTOR(S)</p> <p>By: _____ (TITLE)</p> <p style="text-align: center;">SIGNATURE(S) OF SECURED PARTY(IES)</p>	<p>C O D E</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p>	<p>9. This Space for Use of Filing Officer (Date, Time, Filing Office)</p>
<p>10. <b>Return Copy to</b></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 40%; height: 40%;"></div> <div style="border: 1px solid black; width: 40%; height: 40%;"></div> </div> <p>NAME ADDRESS CITY AND STATE</p>		
<p>(1) FILING OFFICER COPY STANDARD FORM—FILING FEE UNIFORM COMMERCIAL CODE—FORM UCC-2 Approved by the Secretary of State</p>		

## INSTRUCTIONS

1. PLEASE TYPE THIS FORM USING BLACK TYPEWRITER RIBBON.
2. IF THE SPACE PROVIDED FOR ANY ITEM IS INADEQUATE
  - a. Note "contd." in the appropriate space(s).
  - b. Continue the item(s) preceded by the Item No. on an additional 8½" x 11" sheet.
  - c. Head each additional sheet with the Debtor's name (Last Name First) appearing in Item No. 2 of this form. Be sure to attach a copy of the additional sheet to each copy of the form.
3. NUMERICAL IDENTIFICATION: Social Security, Federal Tax, Transit/ABA Numbers and ZIP Codes are to be included if possible, so that Statements may be more readily indexed and information rapidly retrieved through the use of electronic data processing equipment in the Secretary of State's Office.
  - a. If the Debtor, Secured Party or Assignee is an individual, include Social Security Number in the appropriate space.
  - b. If the Debtor, Secured Party or Assignee is other than an individual or a bank, show Federal Taxpayer Number in the appropriate space.
  - c. If the Secured Party or Assignee is a bank, show Transit and ABA Number in the appropriate space.
4. Be sure to indicate type of Statement being filed by checking the appropriate box in Item No. 6.
5. Remove Secured Party and Debtor copies.

Send the *ORIGINAL AND FIRST COPY* with interleaved carbon paper to the Filing Officer with the correct filing fee. The original will be retained by the Filing Officer. The copy will be returned with the filing date and time stamped thereon. *Indicate the name and mailing address of the person or firm to whom the copy is to be returned in Item No. 10.*
6. FILING FEE: Enclose filing fee of \_\_\_\_\_ payable to the appropriate Filing Officer.
7. SIGNATURES: Before mailing be sure that the Statement has been properly signed. Continuation, Release, Assignment, or Termination Statements require only the signature of the Secured Party of Record. An Amendment requires the signatures of both the Debtor and Secured Party of Record.