

INSTRUCTIONS FOR COMPLETION OF FORM UCC-1

Please read and comply with the following itemized instructions.

1. **RETURN COPY TO:** Please provide the mailing address to which the return copy should be sent.
2. **SPECIAL DEBTOR/COLLATERAL INFORMATION:** Read each statement carefully and place a check mark next to any applicable statements.
3. **DEBTOR INFORMATION:** Please provide full legal name(s) and distinguish between debtors who are individuals and debtors which are businesses by completing the appropriate blocks. Records in the Office of the Secretary of the State will reflect the distinction of debtor type made by the filer. Note that the address blocks apply to both individuals and businesses.
4. **SECURED PARTY INFORMATION:** Please provide full legal name(s) and distinguish between secured parties who are individuals and secured parties which are businesses by completing the appropriate blocks. Records in the Office of the Secretary of the State will reflect the distinction of secured party type made by the filer. Note that the address blocks apply to both individuals and businesses.
5. **ASSIGNEE INFORMATION:** Complete only to reflect an assignment in the original financing statement. Please provide full legal name(s) and distinguish between assignees who are individuals and assignees which are businesses by completing the appropriate blocks. Records in the Office of the Secretary of the State will reflect the distinction of assignee type made by the filer. Note that the address blocks apply to both individuals and businesses.
6. **STATEMENT OF COLLATERAL:** Please provide a description of the property used as collateral for the debt. A statement of the total number of attached sheets must be made under this heading.

GENERAL INFORMATION

Please note the following:

- a. Pertinent signatures should be provided at the bottom of the form.
- b. If additional space is needed please attach an 8 1/2 x 11 piece of paper and make the appropriate reference on the form.
- c. The UCC-1 form has two parts, an original and a carbonless copy. The original will be filed and the copy returned to the filer. Please do not detach the copy.

1. RETURN COPY TO:

Cust. ID# _____

SPACE FOR OFFICE USE ONLYNAME
ADDRESS
CITY
STATE
ZIP**2. TYPE OF FILING** - Place a check mark next to the appropriate selection.

- ____ a. **Continuation:** The financing statement between the parties named below and bearing the number indicated in item 3 is continued for a subsequent term.
- ____ b. **Amendment:** The financing statement bearing the number indicated in item 3 is amended as set forth in item 7.
- ____ c. **Assignment:** The secured party assigns to the assignee named below all rights established under the financing statement bearing the number indicated in item 3.
- ____ d. **Partial Assignment:** The secured party assigns to the assignee named below rights established under the financing statement bearing the number indicated in item 3 to the extent stated in item 7.
- ____ e. **Partial Release:** The secured party releases the property set forth in item 7 from the collateral presented in the original financing statement bearing the number indicated in item 3.
- ____ f. **Termination:** The secured party no longer claims a security interest under the financing statement bearing the number indicated in item 3.

3. THIS STATEMENT REFERS TO THE ORIGINAL FINANCING STATEMENT NO. _____**4. DEBTOR'S FULL LEGAL NAME** - Attach 8 1/2" x 11" sheet to present additional debtor information.

IF INDIVIDUAL -OR- IF BUSINESS	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	S.S. NUMBER
	NAME				TAXPAYER I.D.#

MAILING ADDRESS (Street or P.O. Box)

CITY	STATE	COUNTRY	POSTAL CODE
------	-------	---------	-------------

5. SECURED PARTY'S FULL LEGAL NAME - Attach 8 1/2" x 11" sheet to present additional secured party information.

IF INDIVIDUAL -OR- IF BUSINESS	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	S.S. NUMBER
	NAME				TAXPAYER I.D.#

MAILING ADDRESS (Street or P.O. Box)

CITY	STATE	COUNTRY	POSTAL CODE
------	-------	---------	-------------

6. (IF APPLICABLE) ASSIGNEE'S FULL LEGAL NAME - Attach 8 1/2" x 11" sheet to present additional assignee information.

IF INDIVIDUAL -OR- IF BUSINESS	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	S.S. NUMBER
	NAME				TAXPAYER I.D.#

MAILING ADDRESS (Street or P.O. Box)

CITY	STATE	COUNTRY	POSTAL CODE
------	-------	---------	-------------

7. Use the following space and attachments referenced below to set forth any information relating to the selection made in item 2 above.

NUMBER OF ADDITIONAL SHEETS PRESENTED _____

SIGNATURE(S) OF DEBTOR(S)

SIGNATURE(S) OF SECURED PARTY (IES)

Please read and comply with the following itemized instructions.

1. **RETURN COPY TO:** Please provide the mailing address to which the return copy should be sent.
2. **TYPE OF FILING:** Select type of filing from the list provided by placing a check mark on the line preceding the appropriate entry.
3. **ORIGINAL FINANCING STATEMENT REFERENCE:** Please provide the number of the original financing statement. The number provided must exactly match the original financing statement number.
4. **DEBTOR INFORMATION:** Please provide full legal name(s) and distinguish between debtors who are individuals and debtors which are businesses by completing the appropriate blocks. The name(s) provided must exactly match the debtor name(s) recorded in connection with the financing statement identified in item 3. Note that the address blocks apply to both individuals and businesses.
5. **SECURED PARTY INFORMATION:** Please provide full legal name(s) and distinguish between secured parties who are individuals and secured parties which are businesses by completing the appropriate blocks. The name(s) provided must exactly match the secured party name(s) recorded in connection with the financing statement identified in item 3. Note that the address blocks apply to both individuals and businesses.
6. **ASSIGNEE INFORMATION:** Complete only to reflect an assignment in the original financing statement. Please provide full legal name(s) and distinguish between assignees who are individuals and assignees which are businesses by completing the appropriate blocks. Records in the Office of the Secretary of the State will reflect the distinction of assignee type made by the filer. Note that the address blocks apply to both individuals and businesses.
7. **FILING INFORMATION:** Present information pertaining to the filing type selected in item 2, e.g. any changes of collateral, debtor name(s), secured party name(s) etc.. A statement of the total number of attached sheets must be made under this heading.

GENERAL INFORMATION

Please note the following:

- a. Pertinent signatures should be provided at the bottom of the form.
- b. If additional space is needed please attach an 8 1/2" x 11" piece of paper and make the appropriate reference on the form.
- c. The UCC-3 form has two parts, an original and a carbonless copy. The original will be filed and the copy returned to the filer. Please do not detach the copy.