

This STATEMENT is presented to a filing officer for filing pursuant to the Uniform Commercial Code.

Name and Address of Debtor from FS-1 or latest FS-3 Social Security/Tax ID # _____ for each name and/or dba listed	Name and Address of Secured Party from FS-1 or latest FS-3 Pre-paid Acct. # _____	Montana Secretary of State Filing Officer
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Name and Address of Debtor Social Security/Tax ID # _____ for each name and/or dba listed	This STATEMENT refers to Original Financing Statement File No. (only 1 state filing number per form) Must Be Completed For <u>State</u> Must Be Completed For <u>County</u> Number _____ Number _____ Date filed _____ Date filed _____
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Name and Address of Debtor Social Security/Tax ID # _____ for each name and/or dba listed	CONTINUATION <input type="checkbox"/> The Original Financing Statement between the Secured Party and Debtor, bearing the File No. shown above is still effective. NOTE: Submit within 6 months prior to the expiration date (5 years from the date of filing) Filing Fee - \$5.00	TERMINATION <input type="checkbox"/> This statement of Termination of financing is presented to a filing officer for filing pursuant to the Uniform Commercial Code. The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the File Number Shown above. No Filing Fee
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Name and Address of Debtor Social Security/Tax ID # _____ for each name and/or dba listed	PARTIAL RELEASE <input type="checkbox"/> The Secured Party releases the collateral described below from the collateral described in the Financing Statement bearing the File No. shown above. Filing Fee - \$5.00
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FULL ASSIGNMENT

The Secured Party states that the Secured Party has assigned to the Assignee whose name and address is shown below, all of the Secured Party's rights under the Financing Statement bearing the File No. and filed on the date shown above in the collateral listed below:
 Filing Fee - \$5.00

PARTIAL ASSIGNMENT

The Secured Party states that the Secured Party has assigned to the Assignee whose name and address is shown below, part of the Secured Party's rights under the Financing Statement bearing the File No. and filed on the date shown above in the collateral listed below:
 Filing Fee - \$5.00

OTHER **Add, change or delete Debtor, Secured Party or collateral.**
 Filing Fee - \$5.00

DEBTOR(S), SIGNATURE(S) REQUIRED IF:

(1) New debtor(s) is added on this form, or debtor(s) name/address changed.
 (2) If collateral is added or changed on this form.
 (3) In compliance with the Federal Farm Bill requirements, amendments and continuations.

Number of additional sheets presented _____

 Signature(s) of Debtor(s)

By: _____
 Signature(s) of Secured Party(ies)