

COMMONWEALTH OF PENNSYLVANIA - UCC1

PARTIES
Debtor name (last name first if individual) and mailing address: <div style="text-align: right; font-weight: bold;">1</div>
Debtor name (last name first if individual) and mailing address: <div style="text-align: right; font-weight: bold;">1a</div>
Debtor name (last name first if individual) and mailing address: <div style="text-align: right; font-weight: bold;">1b</div>
Secured Party(ies) names(s) (last name first if individual) and address for security interest information: <div style="text-align: right; font-weight: bold;">2</div>
Assignee(s) of Secured Party name(s) (last name first if individual) and address for security interest information: <div style="text-align: right; font-weight: bold;">2a</div>
Special Types of Parties (check if applicable): <input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Lessee" and "Lessor," respectively. <input type="checkbox"/> The terms "Debtor" and "Secured Party" mean "Consignee" and "Consignor," respectively. <input type="checkbox"/> Debtor is a Transmitting Utility. <div style="text-align: right; font-weight: bold;">3</div>
SECURED PARTY SIGNATURE(S)
This statement is filed with only the Secured Party's signature to perfect a security interest in collateral (check applicable box(es))- a. <input type="checkbox"/> acquired after a change of name, identity or corporate structure of the Debtor. b. <input type="checkbox"/> as to which the filing has lapsed. c. already subject to a security interest in another county in Pennsylvania- <input type="checkbox"/> when the collateral was moved to this county. <input type="checkbox"/> when the Debtor's residence or place of business was moved to this county. d. already subject to a security interest in another jurisdiction- <input type="checkbox"/> when the collateral was moved to Pennsylvania. <input type="checkbox"/> when the Debtor's location was moved to Pennsylvania. e. <input type="checkbox"/> which is proceeds of the collateral described in block 9, in which a security interest was previously perfected (also describe proceeds in block 9, if purchased with cash proceeds and not adequately described on the original financing statement). <div style="text-align: center; padding: 5px;"> Secured Party Signature(s) (required only if box(es) is checked above): <hr/> <hr/> <hr/> </div> <div style="text-align: right; font-weight: bold;">4</div>

FINANCING STATEMENT Uniform Commercial Code Form UCC-1 IMPORTANT-Please read instructions on reverse side of page 4 before completing
Filing No. (stamped by filing officer): _____ Date, Time, Filing Office (stamped by filing officer): _____ <div style="text-align: right; font-weight: bold;">5</div>
This Financing Statement is presented for filing pursuant to the Uniform Commercial Code, and is to be filed with the (check applicable box): <input type="checkbox"/> Secretary of the Commonwealth. <input type="checkbox"/> Prothonotary of _____ County. <input type="checkbox"/> real estate records of _____ County. <div style="text-align: right; font-weight: bold;">6</div>
Number of Additional Sheets (if any): _____ <div style="text-align: right; font-weight: bold;">7</div>
Optional Special Identification (Max. 10 characters): _____ <div style="text-align: right; font-weight: bold;">8</div>
COLLATERAL
Identify collateral by item and/or type: <input type="checkbox"/> (check only if desired) Products of the collateral are also covered. <div style="text-align: right; font-weight: bold;">9</div>
Identify related real estate, if applicable: The collateral is, or includes (check appropriate box(es))- a. <input type="checkbox"/> crops growing or to be grown on - b. <input type="checkbox"/> goods which are or are to become fixtures on - c. <input type="checkbox"/> minerals or the like (including oil and gas) as extracted on - d. <input type="checkbox"/> accounts resulting from the sale of minerals or the like (including oil and gas) at the wellhead or minehead on - the following real estate: Street Address: Described at: Book _____ of (check one) <input type="checkbox"/> Deeds <input type="checkbox"/> Mortgages, at Page(s) _____ for _____ County. Uniform Parcel Identifier _____ <input type="checkbox"/> Described on Additional Sheet. Name of record owner (required only if no Debtor has an interest of record): _____ <div style="text-align: right; font-weight: bold;">10</div>
DEBTOR SIGNATURE(S)
Debtor Signature(s): <div style="text-align: right; font-weight: bold;">1</div>
<div style="text-align: right; font-weight: bold;">1a</div>
<div style="text-align: right; font-weight: bold;">1b</div>
RETURN RECEIPT TO: <div style="text-align: right; font-weight: bold;">11</div>
<div style="text-align: right; font-weight: bold;">12</div>

UCC-1 INSTRUCTIONS 1-29-93 rev.

1. **PLEASE TYPE OR PRINT** all information in **black**.
2. **FOR FILINGS WITH THE DEPARTMENT OF STATE YOU MUST USE THIS FORM** or a standard form approved by the Secretary of the Commonwealth. If additional sheets are needed due to limited space on this form, use additional 8 1/2 X 11 inch sheets. Be sure to indicate the number of sheets (if any) in block 7. If the security agreement itself is filed as the financing statement, it must be filed with this form properly completed and with conformed signatures (such as "/s/(name of signer)"). **THIS FORM MAY NOT BE ACCEPTABLE FOR FILING IN ALL COUNTIES. PLEASE CHECK WITH THE PROTHONOTARY OF THE COUNTY WITH REGARD TO ITS ACCEPTABILITY AND USE.**
3. **COMPLETE THE FORM CAREFULLY.** Follow any instructions provided, and only check boxes that apply to the transaction or this filing. List only 1 debtor name per block 1, 1a & 1b. Be sure to leave block 5 blank, for completion by the filing officer. To help you identify this filing, a special identification number or letter code of up to 10 characters may be entered in block 8. Any such identification number or letter code is entirely optional, and is only for the convenience of the filer. This number or letter code will appear on the receipt for this form that you will receive from the filing office of the Department of State.
4. **FILING FEES** must be paid at the time of filing. The fee for filing this form with one (1) debtor name with the Department of State is \$12.00. For each additional name listed on the UCC-1 form include an additional \$12.00 with the filing fee. There is no extra charge for additional sheets filed with this form. For filings with the Department of State, make your check payable to "PA Department of State". Separate checks are required for each filing. Local filings are to be made with the appropriate county office. Please check with the Prothonotary of each county with regard to local filing instructions and fees.
5. **MAIL OR DELIVER** this form to the appropriate state and/or county office(s) for filing. Be sure to indicate the filing office in block 6, and remember to include your check to cover required filing fees. Filings with the Department of State are to be addressed to "**Uniform Commercial Code, Department of State, P.O. Box 8721, Harrisburg, PA 17105-8721**". You are advised to keep a copy of this Form UCC-1 for your own records.
6. **A RECEIPT** for this form, bearing the date time, filing number, and any special identification number or letter code entered in block 8, will be returned to you by the Department of State. The receipt for this form will be mailed to the name and address listed in block 12.

DO NOT SEND THIS PAGE TO THE FILING OFFICE, IT WILL NOT BE RETURNED.

COMMONWEALTH OF PENNSYLVANIA - UCC3

PARTIES

Debtor name (last name first if individual) and mailing address:

1

Debtor name (last name first if individual) and mailing address:

1a

Debtor name (last name first if individual) and mailing address:

1b

Secured Party(ies) of Record names(s) (last name first if individual) and address for security interest information:

2

Special Types of Parties (check if applicable):

- The terms "Debtor" and "Secured Party" mean "Lessee" and "Lessor," respectively.
- The terms "Debtor" and "Secured Party" mean "Consignee" and "Consignor," respectively.
- Debtor is a Transmitting Utility.

3

SIGNATURE(S)

Debtor Signature(s) (only if Amendment):

Secured Party Signature(s):

4

FINANCING STATEMENT CHANGE
Uniform Commercial Code Form UCC-3
IMPORTANT-Please read instructions on reverse side of page 4 before completing

Filing No. (stamped by filing officer): _____ Date, Time, Filing Office (stamped by filing officer): _____

5

This Financing Statement Change is presented for filing pursuant to the Uniform Commercial Code, and is to be filed with the (check applicable box):

- Secretary of the Commonwealth.
- Prothonotary of _____ County.
- Real Estate Records of _____ County.

6

Number of Additional Sheets (if any): _____

7

Optional Special Identification (Max. 10 characters): _____

8

ORIGINAL FINANCING STATEMENT BEING CHANGED

This Financing Statement Change relates to an original Financing Statement No. _____ filed with the:

- Secretary of the Commonwealth on (date) _____
- Prothonotary of _____ County on (date) _____
- Real Estate Records of _____ County on (date) _____

9

DESCRIPTION OF FINANCING STATEMENT CHANGE

- Continuation** - The original Financing Statement identified above is still effective.
- Termination** - The Secured Party of Record no longer claims a security interest under the original Financing Statement identified above.
- Release** - The Secured Party of Record has released the collateral described in block 11 from the collateral covered by the original Financing Statement identified above.
- Assignment** - The Secured Party of Record has assigned to the Assignee, whose name and address are contained in block 11, rights in the collateral described in block 11 under the original Financing Statement identified above.
- Amendment** - The original Financing Statement identified above is amended as set forth in block 11 (signatures of Debtor and Secured Party of Record are required).

10

Description of collateral released, rights assigned, Assignee (name and address), or amendment (as indicated in block 10):

11

RETURN RECEIPT TO:

12

UCC-3 INSTRUCTION PAGE, 1-29-93 rev.

1. **PLEASE TYPE OR PRINT** all information in **black**.
2. **FOR FILINGS WITH THE DEPARTMENT OF STATE YOU MUST USE THIS FORM** or a standard form approved by the Secretary of the Commonwealth. If additional sheets are needed due to limited space on this form, use additional 8 1/2 X 11 inch sheets. Be sure to indicate the number of additional sheets (if any) in block 7. **THIS FORM MAY NOT BE ACCEPTABLE FOR FILING IN ALL COUNTIES. PLEASE CHECK WITH THE PROTHONOTARY OF THE COUNTY WITH REGARD TO ITS ACCEPTABILITY AND USE.**
3. **COMPLETE THE FORM CAREFULLY.** Follow any instructions provided, and only check boxes that apply to the transaction or this filing. Be sure to leave block 5 blank, for completion by the filing officer. To help you identify this filing, a special identification number or letter code of up to 10 characters may be entered in block 8. Any such identification number or letter code is entirely optional, and is only for the convenience of the filer. This number or letter code will appear on the receipt of this form that you will receive from the filing office of the Department of State.
4. **THE SECURED PARTY OF RECORD** must sign this form. If an assignment has previously been made, the Assignee is now the Secured Party of Record. If this form is signed by a person other than the Secured Party of Record, it must be accompanied by a separate written statement of assignment, including the payment of the required fee(s).
5. **DESCRIBE** any released collateral, added collateral (or other amendment), or assigned rights covered by this form. When describing collateral, also provide any related real estate description required by law.
6. **FILING FEES** must be paid at the time of filing. The fee for filing this form with the Department of State is \$12.00. Only one transaction per form may be checked in block 10. There is no extra charge for additional sheets filed with this form. For filings with the Department of State, make your check payable to "PA Department of State." Separate checks are required for each filing. Local filings are to be made with the appropriate county office. Please check with the Prothonotary of each county with regard to local filing instructions and fees.
7. **MAIL OR DELIVER** this form to the appropriate State and/or county office(s) for filing. Be sure to indicate the filing office in block 6, and remember to include your check to cover required filings fees. Filings with the Department of State are to be addressed to "**Uniform Commercial Code, Department of State, P.O. Box 8721, Harrisburg, PA 17105-8721**". You are advised to keep a copy of this Form UCC-3 for your own records.
8. **A RECEIPT** for this form, bearing the date, time, filing number, and any special identification number or letter code entered in block 8, will be returned to you by the Department of State. The receipt for this form will be mailed to the name and address listed in block 12.

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