

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. EMAIL CONTACT AT FILER [optional]
C. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)		FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
1d. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Debtor is a Trust <input type="checkbox"/> Debtor is a Trustee acting with respect to property held in trust <input type="checkbox"/> Debtor is a Decedent's Estate				

2. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)		FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
2d. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Debtor is a Trust <input type="checkbox"/> Debtor is a Trustee acting with respect to property held in trust <input type="checkbox"/> Debtor is a Decedent's Estate				

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR				
3b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)		FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

5a. Check <u>only</u> if applicable and check <u>only</u> one box:				5b. Check <u>only</u> if applicable and check <u>only</u> one box:			
<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a TRANSMITTING UTILITY	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ALTERNATIVE DESIGNATION. Check <u>only</u> if applicable and check <u>only</u> one box:				<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER
7. OPTIONAL FILER REFERENCE DATA							

Instructions for UCC Financing Statement (Form UCC1)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instruction 1; correct Debtor name is crucial. Follow Instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

If you need to use attachments, you are encouraged to use either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP).

When properly completed, send Filing Office Copy, with required fee, to filing office. Always detach Debtor and Secured Party Copies.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.
C. Complete item C if you want an acknowledgment sent to you. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

1. **Debtor name:** Enter only one Debtor name in item 1, an organization's name (1a) or an individual's name (1b). Enter Debtor's exact full legal name. Don't abbreviate.
 - 1a. Organization Debtor. "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name.
 - 1b. Individual Debtor. "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in Last Name box, first given name in First Given Name box, and second given name in Second Given Name box.
For both organization and individual Debtors: Don't use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended).
- 1c. An address is always required for the Debtor named in 1a or 1b.
- 1d. If Debtor is a Trust or a Trustee acting with respect to property held in trust or is a Decedent's Estate, check the appropriate box.
2. If an additional Debtor is included, complete item 2, determined and formatted per Instruction 1. To include further additional Debtors, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow Instruction 1 for determining and formatting additional names.
3. Enter information for Secured Party or Total Assignee, determined and formatted per Instruction 1. To include further additional Secured Parties, attach either Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow Instruction 1 for determining and formatting additional names. If there has been a total assignment of the Secured Party's interest prior to filing this form, you may either (1) enter Assignor S/P's name and address in item 3 and file an Amendment (Form UCC3) [see item 5 of that form]; or (2) enter Total Assignee's name and address in item 3 and, if you wish, also attaching Addendum (Form UCC1Ad) giving Assignor S/P's name and address in item 11.
4. Use item 4 to indicate the collateral covered by this Financing Statement. If space in item 4 is insufficient, put the entire collateral description or continuation of the collateral description on either Addendum (Form UCC1Ad) or other attached additional page(s).

Note: If this Financing Statement is filed as a fixture filing or if the collateral consists of timber to be cut or as-extracted collateral, attach Addendum (Form UCC1Ad) and complete the required information in items 12, 13, 14, and 15.

- 5a. If the Financing Statement relates to a Public-Finance Transaction, Manufactured-Home Transaction, or a Debtor is a Transmitting Utility, check the appropriate box.
- 5b. If this is an Agricultural Lien (as defined in applicable Commercial Code) or if this is not a UCC security interest filing (e.g., a tax lien, judgment lien, etc.), check the appropriate box and attach any other items required under other law.
6. If filer desires (at filer's option) to use titles of lessee and lessor, or consignee and consignor, or seller and buyer (in the case of accounts or chattel paper), or bailee and bailor instead of Debtor and Secured Party, check the appropriate box.
7. This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 7 any identifying information (e.g., Secured Party's loan number, law firm file number, Debtor's name or other identification, state in which form is being filed, etc.) that filer may find useful.

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

8. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

8a. ORGANIZATION'S NAME			
OR	8b. INDIVIDUAL'S LAST NAME	FIRST GIVEN NAME	MIDDLE NAME, SUFFIX

9. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (10a or 10b) - do not abbreviate or combine names

10a. ORGANIZATION'S NAME					
OR	10b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

10d. Check only if applicable and check only one box: Debtor is a Trust Debtor is a Trustee acting with respect to property held in trust Debtor is a Decedent's Estate

11. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (11a or 11b)

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. [if applicable]

13. This FINANCING STATEMENT covers timber to be cut, or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:	15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):
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16. Additional collateral description:

Instructions for UCC Financing Statement Addendum (Form UCC1Ad)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions; correct Debtor name is crucial. Follow Instructions completely. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

ITEM INSTRUCTIONS

8. Insert name of first Debtor shown on Financing Statement to which this Addendum relates, exactly as shown in item 1 of Financing Statement.
9. Miscellaneous: Under certain circumstances, additional information not provided on Financing Statement may be required. Also, some states have non-uniform requirements. Use this space to provide such additional information or to comply with such requirements; otherwise, leave blank.
10. If this Addendum adds an additional Debtor, complete item 10 in accordance with Instruction 1 of Financing Statement. To include further additional Debtors, attach either an additional Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow Instruction 1 of Financing Statement for determining and formatting additional names.
11. If this Addendum adds an additional Secured Party, complete item 11 in accordance with Instruction 3 of Financing Statement. To include further additional Secured Parties, attach either an additional Addendum (Form UCC1Ad) or Additional Party (Form UCC1AP) and follow Instruction 1 of Financing Statement for determining and formatting additional names. In the case of a total assignment of the Secured Party's interest before the filing of this Financing Statement, if filer has given the name and address of the Total Assignee in item 3 of Financing Statement, filer may give the Assignor S/P's name and address in item 11.
- 12-15. If this Financing Statement is filed as a fixture filing or if the collateral consists of timber to be cut or as-extracted collateral, complete items 1-4 of the Financing Statement (Form UCC1), check the box in item 12, and complete the required information (items 13, 14, and/or 15). If collateral is timber to be cut or as-extracted collateral, or if this Financing Statement is filed as a fixture filing, check appropriate box in item 13; provide description of real estate in item 14; and, if Debtor is not a record owner of the described real estate, also provide, in item 15, the name and address of a record owner. Description of real estate must be sufficient under the applicable law of the jurisdiction where the real estate is located.
16. Use this space to provide continued description of collateral, if you cannot complete description in item 4 of Financing Statement.

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

17. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

17a. ORGANIZATION'S NAME			
OR	17b. INDIVIDUAL'S LAST NAME	FIRST GIVEN NAME	MIDDLE NAME, SUFFIX

18. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME					
OR	19b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
19c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
19d. Check only if applicable and check only one box: <input type="checkbox"/> Debtor is a Trust <input type="checkbox"/> Debtor is a Trustee acting with respect to property held in trust <input type="checkbox"/> Debtor is a Decedent's Estate					

20. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (20a or 20b) - do not abbreviate or combine names

20a. ORGANIZATION'S NAME					
OR	20b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
20c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
20d. Check only if applicable and check only one box: <input type="checkbox"/> Debtor is a Trust <input type="checkbox"/> Debtor is a Trustee acting with respect to property held in trust <input type="checkbox"/> Debtor is a Decedent's Estate					

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME					
OR	21b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
21c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
21d. Check only if applicable and check only one box: <input type="checkbox"/> Debtor is a Trust <input type="checkbox"/> Debtor is a Trustee acting with respect to property held in trust <input type="checkbox"/> Debtor is a Decedent's Estate					

22. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (22a or 22b)

22a. ORGANIZATION'S NAME					
OR	22b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

23. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (23a or 23b)

23a. ORGANIZATION'S NAME					
OR	23b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX	
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

Instructions for UCC Financing Statement Additional Party (Form UCC1AP)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions; correct Debtor name is crucial. Follow Instructions completely. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement (Form UCC1).

ITEM INSTRUCTIONS

17. Insert name of first Debtor shown on Financing Statement to which this Additional Party relates, exactly as shown in item 1 of Financing Statement.
18. Miscellaneous: Under certain circumstances, additional information not provided on Financing Statement may be required. Also, some states have non-uniform requirements. Use this space to provide such additional information or to comply with such requirements; otherwise, leave blank.
- 19-21. If this Additional Party adds additional Debtors, complete items 19, 20, and 21 in accordance with Instruction 1 of Financing Statement and give complete information for each additional Debtor. Be sure to complete either the organization's name or individual's name items.
- 22-23. If this Additional Party adds additional Secured Parties, complete items 22 and 23 in accordance with Instruction 11 of Financing Statement Addendum and give complete information for each additional Secured Party.

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. EMAIL CONTACT AT FILER [optional]
C. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Amendment Addendum (FORM UCC3Ad) and include Debtor's name in item 14.
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2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.
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3. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.
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4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
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5. AMENDMENT (PARTY INFORMATION) Check only <u>one</u> of these two boxes: This Amendment affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Also check one of the following three boxes: <input type="checkbox"/> AMEND name and/or address: Complete item 6a or 6b, item 7a or 7b, and also item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.

6. CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
OR	6b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX

7. AMENDED OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Debtor is a Trust <input type="checkbox"/> Debtor is a Trustee acting with respect to property held in trust <input type="checkbox"/> Debtor is a Decedent's Estate

8. AMENDMENT (COLLATERAL CHANGE) Check only <u>one</u> box: Describe collateral <input type="checkbox"/> deleted, or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.				
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9a. ORGANIZATION'S NAME				
OR	9b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA				
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Instructions for UCC Financing Statement Amendment (Form UCC3)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instruction 1a; correct file number of Initial Financing Statement is crucial. Follow Instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

If you need to use attachments, you are encouraged to use either Amendment Addendum (Form UCC3Ad) or Amendment Additional Party (Form UCC3AP). When properly completed, send Filing Office Copy, with required fee, to filing office. Always detach Debtor and Secured Party Copies.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

C. Complete item C if you want an acknowledgment sent to you. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

Always complete items 1a and 9.

1a. **File number:** Enter file number of Initial Financing Statement to which this Amendment relates. Enter only one file number. In some states, the file number is not unique; in those states, also enter in item 1a, after the file number, the date that the Initial Financing Statement was filed.

1b. Only if this Amendment is to be filed or recorded in the real estate records, check box 1b and also, in item 13 of Amendment Addendum, enter Debtor's name, in proper format exactly identical to the format of item 1 of financing statement, and name of record owner if Debtor does not have a record interest.

Note: Show purpose of this Amendment by checking box 2, 3, 4, 5, or 8 (in item 5 you must check two boxes); also complete items 6, 7, and/or 8 as appropriate. Filer may use this Amendment form to simultaneously accomplish both data changes (items 4 or 5, and/or 8) and a Continuation (item 3), although in some states filer may have to pay a separate fee for each purpose.

2. To terminate the effectiveness of the identified financing statement with respect to security interest(s) of authorizing Secured Party, check box 2. See Instruction 9 below.

3. To assign (i) all of assignor's interest under the identified financing statement, or (ii) a partial interest in the security interest covered by the identified financing statement, or (iii) assignor's full interest in some (but not all) of the collateral covered by the identified financing statement: Check box in item 3 and enter name of assignee in item 7a if assignee is an organization, or in item 7b, formatted as indicated, if assignee is an individual. Complete 7a or 7b, but not both. Also enter assignee's address in item 7c. Also enter name of assignor in item 9. If partial Assignment affects only some (but not all) of the collateral covered by the identified financing statement, filer may check appropriate box in item 8 and indicate affected collateral in item 8.

4. To continue the effectiveness of the identified financing statement with respect to security interest(s) of authorizing Secured Party, check box 4. See Instruction 9 below.

5,6,7. To amend the name and/or address of a party: Check box in item 5 to indicate whether this Amendment amends information relating to a Debtor or Secured Party; also check box in item 5 to indicate that this is an Amend name and/or address; also enter name of affected party (current record name) in item 6a or 6b; and repeat or provide the new name in item 7a or 7b along with the address in item 7c.

5,7. To add a party: Check box in item 5 to indicate whether adding a Debtor or Secured Party; also check box in item 5 to indicate that this is an Add name and enter the new name in item 7a or 7b along with the address in item 7c. To include further additional Debtors or Secured Parties, attach Amendment Additional Party (Form UCC3AP), using correct name format.

5,6. To delete a party: Check box in item 5 to indicate whether deleting a Debtor or Secured Party; also check box in item 5 to indicate that this is a Delete name; and also enter name of deleted party in item 6a or 6b.

Note: The preferred method for filing against a new Debtor (an organization or individual not previously of record as a Debtor under this file number) is to file a new Financing Statement (UCC1) and not an Amendment (UCC3).

8. Collateral change. To change the collateral covered by the identified financing statement, describe the change in item 8. This may be accomplished either by describing the collateral to be added or deleted, or by setting forth in full the collateral description as it is to be effective after the filing of this Amendment, indicating clearly the method chosen (check the appropriate box). If the space in item 8 is insufficient, use item 13 of Amendment Addendum (Form UCC3Ad). A partial release of collateral is a deletion. If, due to a full release of all collateral, filer no longer claims a security interest under the identified financing statement, check box 2 (Termination) and not box 8 (Collateral Change). If a partial assignment consists of the assignment of some (but not all) of the collateral covered by the identified financing statement, filer may indicate the assigned collateral in item 8, check the appropriate box in item 8, and also comply with instruction 4 above.

9. Always enter name of party of record authorizing this Amendment; in most cases, this will be a Secured Party of record. If more than one authorizing Secured Party, give additional name(s), properly formatted, in item 13 of Amendment Addendum (Form UCC3Ad). If the indicated financing statement refers to the parties as lessee and lessor, or consignee and consignor, or seller and buyer, instead of Debtor and Secured Party, references in this Amendment shall be deemed likewise so to refer to the parties. If this is an Assignment, enter assignor's name. If this is an Amendment authorized by a Debtor that adds collateral or adds a Debtor, or if this is a Termination authorized by a Debtor, check the box in item 9 and enter the name, properly formatted, of the Debtor authorizing this Amendment, and, if this Amendment or Termination is to be filed or recorded in the real estate records, also enter, in item 13 of Amendment Addendum, name of Secured Party of record.

10. This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 10 any identifying information (e.g., Secured Party's loan number, law firm file number, Debtor's name or other identification, state in which form is being filed, etc.) that filer may find useful.

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE NUMBER (same as item 1a on Amendment form)

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME		
OR		
12b. INDIVIDUAL'S LAST NAME	FIRST GIVEN NAME	MIDDLE NAME, SUFFIX

13. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

14. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (14a or 14b) - do not abbreviate or combine names

14a. ORGANIZATION'S NAME			
OR			
14b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)	FIRST GIVEN NAME	SECOND GIVEN NAME	SUFFIX

15. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

16. Description of real estate:

17. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

18. Use this space for additional information:

Instructions for UCC Financing Statement Amendment Addendum (Form UCC3Ad)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions; correct Debtor name is crucial. Follow Instructions completely. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

ITEM INSTRUCTIONS

11. Enter information exactly as given in item 1a on Amendment form.
12. Enter information exactly as given in item 9 on Amendment form.
13. Miscellaneous: Under certain circumstances, additional information not provided on Amendment may be required. Also, some states have non-uniform requirements. Use this space to provide such additional information or to comply with such requirements; otherwise, leave blank.
14. Insert the name of the debtor to which this Amendment Addendum relates.
- 15-17. If this Financing Statement is to be filed in the real estate records, complete items 15-17.
18. If space on Amendment form is insufficient or you must provide additional information, enter additional information in item 18.

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

19. INITIAL FINANCING STATEMENT FILE NUMBER (same as item 1a on Amendment form)

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S LAST NAME

FIRST GIVEN NAME

MIDDLE NAME, SUFFIX

21. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)

FIRST GIVEN NAME

SECOND GIVEN NAME

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22d. Check only if applicable and check only one box:

Debtor is a Trust

Debtor is a Trustee acting with respect to property held in trust

Debtor is a Decedent's Estate

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)

FIRST GIVEN NAME

SECOND GIVEN NAME

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23d. Check only if applicable and check only one box:

Debtor is a Trust

Debtor is a Trustee acting with respect to property held in trust

Debtor is a Decedent's Estate

24. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (24a or 24b) - do not abbreviate or combine names

24a. ORGANIZATION'S NAME

OR

24b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)

FIRST GIVEN NAME

SECOND GIVEN NAME

SUFFIX

24c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24d. Check only if applicable and check only one box:

Debtor is a Trust

Debtor is a Trustee acting with respect to property held in trust

Debtor is a Decedent's Estate

25. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR

25b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)

FIRST GIVEN NAME

SECOND GIVEN NAME

SUFFIX

25c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

26. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (26a or 26b)

26a. ORGANIZATION'S NAME

OR

26b. INDIVIDUAL'S LAST NAME (i.e. FAMILY NAME or SURNAME)

FIRST GIVEN NAME

SECOND GIVEN NAME

SUFFIX

26c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

Instructions for UCC Financing Statement Amendment Additional Party (Form UCC3AP)

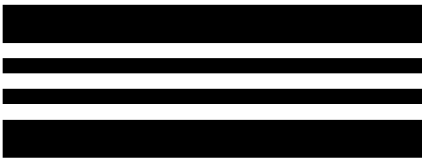
Please type or laser-print this form. Be sure it is completely legible. Read all Instructions; correct Debtor name is crucial. Follow Instructions completely. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement Amendment (Form UCC3).

ITEM INSTRUCTIONS

19. Enter file number of Initial Financing Statement as shown on the Amendment to which this Amendment Additional Party relates, exactly as shown in item 1a of Amendment.
20. Enter information exactly as shown in item 9 of Amendment.
21. Miscellaneous: Under certain circumstances, additional information not provided on Amendment may be required. Also, some states have non-uniform requirements. Use this space to provide such additional information or to comply with such requirements; otherwise, leave blank.
- 22-24. If this Amendment Additional Party adds additional Debtors, complete items 22, 23, and 24 in accordance with Instruction 1 of Financing Statement and give complete information for each additional Debtor. Be sure to complete either the organization's name or individual's name items.
- 25-26. If this Amendment Additional Party adds additional Secured Parties, complete items 25 and 26 in accordance with Instruction 3 of Financing Statement and give complete information for each additional Secured Party.



The filing of this statement of claim does not affect the effectiveness of an initial financing statement or other filed record.

STATEMENT OF CLAIM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF PERSON FILING THIS STATEMENT [optional]
B. EMAIL CONTACT AT FILER [optional]
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="position: absolute; top: 0; left: 0; border-left: 1px solid black; border-top: 1px solid black; width: 20px; height: 20px;"></div> <div style="position: absolute; top: 0; right: 0; border-right: 1px solid black; border-top: 1px solid black; width: 20px; height: 20px;"></div> <div style="position: absolute; bottom: 0; left: 0; border-left: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="position: absolute; bottom: 0; right: 0; border-right: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px;"></div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this STATEMENT OF CLAIM relates.

1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. RECORD INFORMATION TO WHICH THIS STATEMENT OF CLAIM RELATES
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2a. RECORD is inaccurate. Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

2b. RECORD was wrongfully filed. Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 was wrongfully filed.

3. If this STATEMENT OF CLAIM relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this CORRECTION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1b above was filed [or recorded].

3a. DATE	3b. TIME
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4. NAME OF PERSON AUTHORIZING THE FILING OF THIS STATEMENT OF CLAIM — The RECORD identified in item 1 must be indexed under this name.

4a. ORGANIZATION'S NAME			
OR 4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

Instructions for Statement of Claim (Form UCC5)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instructions 1a and 1b; correct identification of the initial Record to which this Statement of Claim relates is crucial. Follow Instructions completely. Fill in form very carefully. If you have questions, consult your attorney. Filing office cannot give legal advice. Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use. When properly completed, send Filing Office Copy to filing office. Always detach Debtor and Secured Party Copies.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.
C. Complete item C if you want an acknowledgment sent to you. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

General — You must always complete items 1 and 4 and either 2a or 2b. You may also be required to complete item 3.

- 1a. **File number:** Enter file number of initial Financing Statement to which the Record that is the object of this Statement of Claim relates. Enter only one file number.
- 1b. Enter Record information to which this Statement of Claim relates. Indicate the type of Record to which this Statement of Claim relates (e.g., Financing Statement or Amendment) or you may also insert additional information that you believe will assist in identifying the Record (e.g., the Record file number or the filing date of the Record).
- 2a. If this Statement of Claim is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 2a, provide the basis for that belief, and indicate the manner in which the Record should be amended to cure the inaccuracy.
- 2b. If this Statement of Claim is filed based on the filer's belief that the Record identified in item 1 was wrongfully filed, check box 2b and provide the basis for that belief.
3. If this Statement of Claim relates to a Record filed [or recorded] in a filing office described in Section 9-501(a)(1) and this Statement of Claim is filed in such a filing office, provide the date [and time] on which the initial Financing Statement identified in item 1a above was filed [or recorded].
4. Always enter name of the person who authorized the filing of this Statement of Claim. This name must be the same as the name under which the Record is indexed.