

# UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

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

15a. ORGANIZATION'S NAME		
OR	15b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names

17a. ORGANIZATION'S NAME						
OR	17b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
17c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
17d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID #, if any		
					<input type="checkbox"/> NONE	

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME						
OR	18b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
18c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
18d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID #, if any		
					<input type="checkbox"/> NONE	

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		FIRST NAME	MIDDLE NAME	SUFFIX	
19c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
19d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID #, if any		
					<input type="checkbox"/> NONE	

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME						
OR	20b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
20c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME						
OR	21b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
21c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY