

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
19a. ORGANIZATION'S NAME		
OR	19 b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

20. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (21a or 21b) - do not abbreviate or combine names				
21 a. ORGANIZATION'S NAME				
OR	21 b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
21 c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
21 d. SEE INSTRUCTIONS		21 e. TYPE OF ORGANIZATION	21 f. JURISDICTION OF ORGANIZATION	21 g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR				<input type="checkbox"/> NONE

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -insert only <u>one</u> name (22a or 22 b) - do not abbreviate or combine names				
22a. ORGANIZATION'S NAME				
OR	22 b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
22 c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
22 d. SEE INSTRUCTIONS		22 e. TYPE OF ORGANIZATION	22 f. JURISDICTION OF ORGANIZATION	22 g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR				<input type="checkbox"/> NONE

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -insert only <u>one</u> name (23a or 23b) -do not abbreviate or combine names				
23a. ORGANIZATION'S NAME				
OR	23 b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
23 c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
23 d. SEE INSTRUCTIONS		23 e. TYPE OF ORGANIZATION	23 f. JURISDICTION OF ORGANIZATION	23 g. ORGANIZATIONAL ID #, if any
ADD'L INFO RE ORGANIZATION DEBTOR				<input type="checkbox"/> NONE

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only <u>one</u> name (24a or 24b)				
24a. ORGANIZATION'S NAME				
OR	24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
24c. MAILING ADDRESS		CITY	STATE	POSTAL CODE

25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only <u>one</u> name (25a or 25b)				
25a. ORGANIZATION'S NAME				
OR	25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
25c. MAILING ADDRESS		CITY	STATE	POSTAL CODE