

# UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. E-MAIL 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. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.
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2. <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of Secured Party authorizing this Termination Statement
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3. <b>ASSIGNMENT</b> (full or partial): Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8
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4. <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.
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5. <b>PARTY INFORMATION CHANGE:</b> Check one of the these two boxes: <b>AND Check one of these three boxes to:</b> This Change affects Debtor or Secured Party of record ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b.
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6. CURRENT RECORD INFORMATION: Complete for Party Information Change-provide only one name(6a or 6b)(use exact, full name;do not omit,modify or abbreviate any word in the Debtor's name)
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OR	6a. ORGANIZATION'S NAME			
	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION:Complete for Assignment or Party Information Change - provide only one name(7a or 7b)(use exact,full name;do not omit,modify, or abbreviate any word in the Debtor's name)
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OR	7a. ORGANIZATION'S NAME				
	7b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S) That are part of the name of this Debtor				SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. <b>COLLATERAL CHANGE:</b> <i>Also check one of these four boxes:</i> Indicate collateral: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b)(name of Assignor,if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR
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OR	9a. ORGANIZATION'S NAME			
	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10.OPTIONAL FILE REFERENCE DATA
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