

# 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                          |            |                     |
| 19b. 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 one name (21a or 21b) - do not abbreviate or combine names

|                               |                                   |                           |                                   |                                  |         |
|-------------------------------|-----------------------------------|---------------------------|-----------------------------------|----------------------------------|---------|
| 21a. ORGANIZATION'S NAME      |                                   |                           |                                   |                                  |         |
| OR                            |                                   |                           |                                   |                                  |         |
| 21b. INDIVIDUAL'S LAST NAME   | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |                                  |         |
| 21c. MAILING ADDRESS          |                                   | CITY                      | STATE                             | POSTAL CODE                      | COUNTRY |
| 21d. <b>SEE INSTRUCTIONS</b>  | ADD'L INFO RE ORGANIZATION DEBTOR | 21e. TYPE OF ORGANIZATION | 21f. JURISDICTION OF ORGANIZATION | 21g. ORGANIZATIONAL ID #, if any |         |
| <input type="checkbox"/> NONE |                                   |                           |                                   |                                  |         |

## 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   | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |                                  |         |
| 22c. MAILING ADDRESS          |                                   | CITY                      | STATE                             | POSTAL CODE                      | COUNTRY |
| 22d. <b>SEE INSTRUCTIONS</b>  | ADD'L INFO RE ORGANIZATION DEBTOR | 22e. TYPE OF ORGANIZATION | 22f. JURISDICTION OF ORGANIZATION | 22g. ORGANIZATIONAL ID #, if any |         |
| <input type="checkbox"/> NONE |                                   |                           |                                   |                                  |         |

## 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   | FIRST NAME                        | MIDDLE NAME               | SUFFIX                            |                                  |         |
| 23c. MAILING ADDRESS          |                                   | CITY                      | STATE                             | POSTAL CODE                      | COUNTRY |
| 23d. <b>SEE INSTRUCTIONS</b>  | ADD'L INFO RE ORGANIZATION DEBTOR | 23e. TYPE OF ORGANIZATION | 23f. JURISDICTION OF ORGANIZATION | 23g. ORGANIZATIONAL ID #, if any |         |
| <input type="checkbox"/> NONE |                                   |                           |                                   |                                  |         |

## 24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one 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 | COUNTRY |

## 25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one 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 | COUNTRY |

## Instructions for UCC Financing Statement Additional Party (Form UCC1AP)

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

19. Insert name of first Debtor shown on Financing Statement to which this Additional Party relates, exactly as shown in item 1 of Financing Statement.
20. 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.
- 21-23. If this Additional Party adds additional Debtors, complete items 21, 22, and 23 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.
- 24-25. If this Additional Party adds additional Secured Parties, complete items 24 and 25 in accordance with Instruction 3 of Financing Statement and give complete information for each additional Secured Party.