USE THIS FORM TO <u>ADD</u> NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY FOLLOW INSTRUCTIONS

19.	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form					
20.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 20a. ORGANIZATION'S NAME					
OR	20b. INDIVIDUAL'S SURNAME	-				
	FIRST PERSONAL NAME	-				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SF	PACE IS FO	R FILING OFFICE US	SE ONLY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21	b) (use exact, full name; do no	t omit, modify, or abbrev	iate any part	of the Debtor's name)	
	21a. ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,	· · · · · · · · · · · · · · · · · · ·	
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
21c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
22.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22 22a. ORGANIZATION'S NAME	(b) (use exact, full name; do no	t omit, modify, or abbrev	riate any part	of the Debtor's name)	
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
22c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 23a. ORGANIZATION'S NAME					
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	. NAME		ADDITIONAL NAME(S)/INITIAL(S)	
23c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
24.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b) 24a. ORGANIZATION'S NAME					
OR	24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
24c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
25.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECURED PARTY'S	S NAME: Provide onl	v one name (25a or 25h)	1
20.	25a. ORGANIZATION'S NAME	A SECONED I ANTI	O TATAVIL. FIOVIDE OII	, <u>энь</u> наше (.	200 01 200 <i>j</i>	
OR	25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
25c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
00	MICCELLANEOUS					

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

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

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

ITEM INSTRUCTIONS

- 19. **File Number.** Enter file number of initial financing statement as shown in item 1a of Amendment (Form UCC3) to which this Amendment Addendum relates.
- 20. Name of Authorizing Party. Enter information exactly as shown in item 9 on Amendment (Form UCC3).
- 21-23. **Additional Debtor's name.** If this Amendment Additional Party adds additional Debtors, complete items 21, 22, and 23 in accordance with Instruction 1 of Financing Statement (Form UCC1).
- 24-25. Additional Secured Party's name or Assignor Secured Party's name. If this Amendment Additional Party adds additional Secured Parties, complete items 24 and 25 in accordance with Instruction 3 of Financing Statement (Form UCC1). In the case of an assignment of the Secured Party's interest, filer may enter Secured Party and/or Assignor Secured Party's name and mailing address information in items 24 and 25.
- 26. **Miscellaneous.** Under certain circumstances, additional information not provided on the Financing Statement Amendment (Form UCC3) may be required. Also, some states have non-uniform requirements. Use this space or attach additional page(s) and incorporate by reference in item 26 (e.g., See Exhibit A) to provide such additional information or to comply with such requirements; otherwise, leave blank. Do not include social security numbers or other personally identifiable information.