## **UCC FINANCING STATEMENT ADDITIONAL PARTY**

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here								
	18a. ORGANIZATION'S NAME							
OR	18b. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
10	ADDITIONAL DEPTODIS NAME DON'T DEPTODIS NAME	0h) /	6 full a serve de ce			S FOR FILING OFFICE U	SE ONLY	
19.	19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)  19a. ORGANIZATION'S NAME							
OR								
OK	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
19c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	0b) (use exac	ct, full name; do r	not omit, modify, or ab	breviate ar	ny part of the Debtor's name)		
	20a. ORGANIZATION'S NAME							
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
200	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
200.	WAILING ADDICESS				OTATE	I COTAL CODE	COONTRI	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate 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 SECURED PARTY'S NAME or ASSIGNO	DR SECUI	RED PARTY	'S NAME: Provide o	nlv one na	me (22a or 22b)		
	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)  22a. ORGANIZATION'S NAME							
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
22c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
22	ADDITIONAL SECUED DAPTY'S NAME or ASSIGNA	OP SECTI	DED DADTV	S NAME: Dravida a	mbi ana na	(22a az 22h)		
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)  23a. ORGANIZATION'S NAME								
OR	OOL INDIVIDUALIS CUDMAMS	FIRST DEDCOMAL MAKE		ADDITIONAL NAME (O)/(NITIAL (O)			OUEEIV	
	23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
23c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
24. MISCELLANEOUS:								