			THIS SPACE FOR USE OF FILING OFFICER				
This Financing Statement and will remain effective,	ATEMENT — FOLLOW INSTRI is presented for filing pursuant to the Unifor with certain exceptions, for 5 years from date DNTACT AT FILER (optional) B. f	m Commercial Code					
C. RETURN COPY TO:	(Name and Mailing Address)						
	(realise and mailing reduces)						
D.OPTIONAL DESIGNATIO	N [if applicable]: LESSOR/LESSEE CONS	SIGNOR/CONSIGNEE NON-UCC FILING					
	FULL LEGAL NAME - insert only one debt	or name (1a or 1b)					
1a. ENTITY'S NAME							
OR 1b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
1c. MAILING ADDRESS		СІТҮ	STATE COUNTRY	POSTAL CODE			
1d. S.S. OR TAX I.D.#	OPTIONAL 1e. TYPE OF ENTITY ADD'NL INFO RE	1f. ENTITY'S STATE OR COUNTRY OF	1g. ENTITY'S ORGANIZA	ATIONAL I.D.#, if any			
O ADDITIONAL DEDT	ENTITY DEBTOR	ORGANIZATION		NONE			
2a. ENTITY'S NAME	DR'S EXACT FULL LEGAL NAME - insert	only one debtor name (2a or 2b)					
OD							
OR 2b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
2c. MAILING ADDRESS		CITY	STATE COUNTRY	POSTAL CODE			
				. 301/12 3352			
2d. S.S. OR TAX I.D.#	OPTIONAL 2e. TYPE OF ENTITY ADD'NL INFO RE	2f.ENTITY'S STATE OR COUNTRY OF	2g. ENTITY'S ORGANIZA	ATIONAL I.D.#, if any			
	ENTITY DEBTOR	ORGANIZATION		NON			
3. SECURED PARTY 3a. ENTITY'S NAME	'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE	E) EXACT FULL LEGAL NAME - insert only of	one secured party name (3a or 3b)				
OR 3b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
3c. MAILING ADDRESS		CUTY	OTATE LOOUNITRY	 			
30. MAILING ADDRESS		CITY	STATE COUNTRY	POSTAL CODE			
4. This FINANCING STATE	MENT covers the following types or items of prop	erty:					
		Party instead of the Debtor to perfect a security into other jurisdiction when it was brought into this state		orida (check one) ary Documentary stamp			
	location was changed to this state, or (b) in acco	rdance with other statutory provisions [additional da		paid tax not applicable			
J. NEGGINED SIGNATURE	(-)		(or recorded) in the REAL E	STATE RECORDS			
			9. Check to REQUEST SEARCH	[if applicable CERTIFICATE(S) on Debtor(s			
			[ADDITIONAL FEE] (optional) All Debi	tors Debtor 1 Debtor 2			

	e, with certain exceptions, for 5 years fr CONTACT AT FILER (optional)	Uniform Commercial Code om date of filing. B. FILING OFFICE ACCT. # (optional)				
C. RETURN COPY TO): (Name and Mailing Address)					
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D.OPTIONAL DESIGNAT 1. DEBTOR'S EXACT 1a. ENTITY'S NAM	T FULL LEGAL NAME - insert only on	CONSIGNOR/CONSIGNEE NON-UCC FILING e debtor name (1a or 1b)	44-4			
OR 1b. INDIVIDUAL'S I		FIRST NAME	MIDDLE	NAME		SUFFIX
1c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CO	DDE
1d. S.S. OR TAX I.D.#	OPTIONAL 1e. TYPE OF EN ADD'NL INFO RE ENTITY DEBTOR	TITY 11. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTI	TY'S ORGANIZ	ZATIONAL I.D.	#, if any
2. ADDITIONAL DEB 2a. ENTITY'S NAM	TOR'S EXACT FULL LEGAL NAME	- insert only one debtor name (2a or 2b)				
OR 2b. INDIVIDUAL'S	AST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
2c. MAILING ADDRESS		СПУ	STATE	COUNTRY	POSTAL CO	DDE
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OR 3b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME		SUFFIX
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5. CHECK This F		ecured Party instead of the Debtor to perfect a security inte			clorida (check c	
	r's location was changed to this state, or (b)	ist in another jurisdiction when it was brought into this state in accordance with other statutory provisions [additional da	ta may be required] 8. This FINAN	d) in the REAL	x paid ta MENT is to be f	
			9. Check to REQUE [ADDITIONAL FEE (optional)	JEST SEARCH		[if applicable TE(S) on Debtor(

	with certain exceptions, for 5 years fr CONTACT AT FILER (optional)	B. FILING OFFICE ACCT. # (optional)				
C. RETURN COPY TO:	(Name and Mailing Address)					
D.OPTIONAL DESIGNATION	DN [if applicable]: LESSOR/LESSEE	CONSIGNOR/CONSIGNEE NON-UCC FILING				
1. DEBTOR'S EXACT 1a. ENTITY'S NAME	FULL LEGAL NAME - insert only or	ne debtor name (1a or 1b)				
OR 1b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
1c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL C	ODE
1d. S.S. OR TAX I.D.#	OPTIONAL 1e. TYPE OF EN ADD'NL INFO RE ENTITY DEBTOR	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTI	TY'S ORGANIZ	ZÁTIONAL I.D	D.#, if any
2. ADDITIONAL DEBT 2a. ENTITY'S NAME	OR'S EXACT FULL LEGAL NAME	- insert only one debtor name (2a or 2b)				
OR 2b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
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3. SECURED PARTY 3a. ENTITY'S NAME	('S (ORIGINAL S/P or ITS TOTAL AS	SIGNEE) EXACT FULL LEGAL NAME - insert only one	secured party nam	e (3a or 3b)		
OR 3b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME			SUFFIX
3c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL C	ODE
4. This FINANCING STATE	EMENT covers the following types or items	s of property:				
BOX 🗀 (a) in co	ollateral already subject to a security interduced location was changed to this state, or (b)	Secured Party instead of the Debtor to perfect a security interes est in another jurisdiction when it was brought into this state, or in accordance with other statutory provisions [additional data in	when the may be required] 8. This FINAN	Documer stamp ta:	x paid ta MENT is to be	Documentary star ax not applicable filed [for record]

A. NAME & TEL. # OF	CONTACT AT FILER (optional)	B. FILING OFFICE ACCT. # (optional)			
C. RETURN COPY TO	: (Name and Mailing Address)				
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	ION [if applicable]: LESSOR/LESSEE				
. DEBTOR'S EXACTA. ENTITY'S NAME	T FULL LEGAL NAME - insert only o	one debtor name (1a or 1b)			
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1b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL CODE
d. S.S. OR TAX I.D.#	OPTIONAL 1e. TYPE OF E ADD'NL INFO RE ENTITY DEBTOR	NTITY 1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTIT	TY'S ORGANIZ	ATIONAL I.D.#, if any
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2b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE 1	NAME	SUFFIX
Cc. MAILING ADDRESS		CITY	STATE	STATE COUNTRY POST	
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SECURED PART 3a. ENTITY'S NAME		SSIGNEE) EXACT FULL LEGAL NAME - insert only one	secured party nam	e (3a or 3b)	
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					if appl] CERTIFICATE(S) on De

A. NAME & TEL. # OF C	ONTACT AT FILER (optional)	B. FILING OFFICE ACCT. # (optional)				
C. RETURN COPY TO:	(Name and Mailing Address)					
Γ						
D.OPTIONAL DESIGNATION	DN [if applicable]: LESSOR/LESSEE	CONSIGNOR/CONSIGNEE NON-UCC FILING				
	FULL LEGAL NAME - insert only or					
1a. ENTITY'S NAME						
OR 16. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
c. MAILING ADDRESS		CITY	STATE	COUNTRY	POSTAL C	ODE
d. S.S. OR TAX I.D.#	OPTIONAL 1e. TYPE OF EN ADD'NL INFO RE ENTITY DEBTOR	OR COUNTRY OF ORGANIZATION	1g. ENTIT	TY'S ORGANIZ	ATIONAL I.E	D.#, if any
2. ADDITIONAL DEBT 2a. ENTITY'S NAME	OR'S EXACT FULL LEGAL NAME	- insert only one debtor name (2a or 2b)				
OR 2b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SU		SUFFIX
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3a. ENTITY'S NAME	''S (ORIGINAL S/P or ITS TOTAL ASS	SIGNEE) EXACT FULL LEGAL NAME - insert only one	secured party nam	e (3a or 3b)		
OR 3b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME		SUFFIX
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6. REQUIRED SIGNATURE	:(8)		8. This FINANG		ENT is to be	filed [for record

General Instructions for National Financing Statement (Form UCC1) (Trans)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions.

Fill in form very carefully; mistakes may have important legal consequences. Follow Instructions completely. If you have questions, consult your attorney. Filing officer cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing officer use.

When properly completed, send Filing Officer Copy, with required fee, to filing officer. If you want an acknowledgment, also send Acknowledgment Copy, otherwise detach. If you want to make a search request, complete item 9 and send Search Request Copy, otherwise detach. Always detach Debtor and Secured Party Copies.

If you need to use attachments, use 8-1/2 X 11 inch sheets and put at the top of each additional sheet the name of the first Debtor, formatted exactly as it appears in item 1 of this form; you are encouraged to use Addendum (Form UCC1Ad).

Item Instructions

- 1. **Debtor name**: Enter only one Debtor name in item 1, an entity's name (1a) or an individual's name (1b). Enter Debtor's exact full legal name. Don't abbreviate.
- 1a. Entity Debtor. "Entity" means an organization having a legal identity separate from its owner. A partnership is an entity; a sole proprietorship is not an entity, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered entity (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine correct name, entity type, and state of organization.
- 1b. Individual Debtor. "Individual" means a natural person and a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in Last Name box, first given name in First Name box, and all additional given names in Middle Name box.
 - For both entity and individual Debtors: Don't use Debtor's trade name, D/B/A, A/K/A, F/K/A, etc. in place of Debtor's legal name; you may add such other names as additional Debtors if you wish.
- 1c. An address is always required for the Debtor named in 1a or 1b.
- 1d. Debtor's social security or tax identification number is required in some states. Enter social security number of a sole proprietor, not tax identification number of the sole proprietorship.
- 1e,f,g. "Additional information re entity Debtor" is optional. It helps searchers to distinguish this Debtor from others with the same or a similar name. Type of entity and state of organization can be determined from Debtor's current filed charter documents. Organizational I.D. number, if any, is assigned by the agency where the charter document was filed; this is different from taxpayer I.D. number; this should be entered preceded by the 2-character U.S. Postal identification of state of organization (e.g., CA12345, for a California corporation whose organizational I.D. number is 12345).

Note: If Debtor is a transmitting utility as defined in applicable Commercial Code, attach Addendum (Form UCC1Ad) and check box Ad8.

- 2. If an additional Debtor is included, complete item 2, determined and formatted per Instruction 1. To include further additional Debtors, or one or more additional Secured Parties, attach either Addendum (Form UCC1Ad) or other additional page(s), using correct name format. Follow Instruction 1 for determining and formatting additional names.
- 3. Enter information, determined and formatted per Instruction 1. If there is more than one Secured Party, see Instruction 2. If there has been a total assignment of the Secured Party's interest prior to filing this form, you may provide either assignor Secured Party's or assignee's name and address in item 3.
- 4. Use item 4 to indicate the types or describe the items of collateral. If space in item 4 is insufficient, put the entire collateral description or continuation of the collateral description on either Addendum (Form UCC1Ad) or other attached additional page(s).
- 5, 6. All Debtors must sign. Under certain circumstances, Secured Party may sign instead of Debtor; if applicable, check box in item 5 and provide Secured Party's signature in item 6, and under certain circumstances, in some states, you must also provide additional data; use Addendum (Form UCC1Ad) or attachment to provide such additional data.
- 7. If filing in the state of Florida you must check one of the two boxes in item 7 to comply with documentary stamp tax requirements.
- 8. If the collateral consists of or includes fixtures, timber, minerals, and/or mineral-related accounts, check the box in item 8 and complete the required information on Addendum (Form UCC1Ad). If the collateral consists of or includes crops, consult applicable law of state where this Financing Statement is to be filed and complete Ad3b, and Ad4 if required, on Addendum (Form UCC1Ad) and, if required, check box in item 8.
- 9. Check box 9 to request Search Certificate(s) on all or some of the Debtors named in this Financing Statement. The Certificate will list all Financing Statements on file against the designated Debtor currently effective on the date of the Certificate, including this Financing Statement. There is an additional fee for each Certificate. This item is optional. If you have checked box 9, file copy 3 (Search Request Copy) of this form together with copies 1 and 2. Not all states will honor a search request made via this form; some states require a separate request form.

Instructions re Optional Items A-D

- A. To assist filing officers who might wish to communicate with filer, filer may provide information in item A. This item is optional.
- B. If filer has an account with filing officer or is authorized to pay fees by means of a card (credit or debit) and wishes to use such means of payment, check the appropriate box and enter filer's account number in item B, or, in the alternative, filer may present this information by a cover letter.
- C. Complete item C if you want acknowledgment copy returned and you have presented simultaneously a carbon or other copy of this form for use as an acknowledgment copy.
- D. If filer desires to use titles of lessee and lessor, or consignee and consignor, instead of Debtor and Secured Party, check the appropriate box in item D. This item is optional. If this is not a UCC security interest filing (e.g., a tax lien, judgment lien, etc.), check the appropriate box in item D, complete items 1-9 as applicable and attach any other items required under other law.