

## 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.

**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 on Amendment form

|                               |        |
|-------------------------------|--------|
| 20a. ORGANIZATION'S NAME      |        |
|                               |        |
| OR                            |        |
| 20b. INDIVIDUAL'S SURNAME     |        |
| FIRST PERSONAL NAME           |        |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

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 DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                           |                     |                               |             |
|---------------------------|---------------------|-------------------------------|-------------|
| 22a. ORGANIZATION'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 | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 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*  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

|                           |                     |                               |             |
|---------------------------|---------------------|-------------------------------|-------------|
| 25a. ORGANIZATION'S NAME  |                     |                               |             |
|                           |                     |                               |             |
| OR                        |                     |                               |             |
| 25b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 25c. MAILING ADDRESS      | CITY                | STATE                         | POSTAL CODE |
|                           |                     |                               | COUNTRY     |

26. MISCELLANEOUS: