

**USE THIS FORM TO ADD NAMES ONLY
(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)**

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS (front and back) CAREFULLY**

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME

OR

15b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
-----------------------------	------------	---------------------

16. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

17. **ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (17a or 17b) - do not abbreviate or combine names

17a. ORGANIZATION'S NAME

OR

17b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

17c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

17d. **SEE INSTRUCTIONS**

ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

18. **ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

18b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

18c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

18d. **SEE INSTRUCTIONS**

ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

19. **ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

19c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

19d. **SEE INSTRUCTIONS**

ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

20. **ADDITIONAL SECURED PARTY'S NAME** (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

20c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

21. **ADDITIONAL SECURED PARTY'S NAME** (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
-----------------------------	------------	-------------	--------

21c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
------	-------	-------------	---------

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

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

14. Enter file number of Financing Statement as shown on the Amendment to which this Amendment Additional Party relates, exactly as shown in item 1a of Amendment.
15. Enter information exactly as shown in item 9 of Amendment.
16. Miscellaneous: Under certain circumstances, additional information not provided on Amendment 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.
- 17-19. If this Amendment Additional Party adds additional Debtors, complete items 17, 18, and 19 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.
- 20-21. **If this Amendment Additional Party adds additional Secured Parties, complete items 20 and 21 in accordance with Instruction 3 of Financing Statement and give complete information for each additional Secured Party.**

Send completed form and fee to:

Secretary of State Corporation Division UCC Section 255 Capitol St. NE, Suite 151 Salem, OR 97310-1327