



Business Services Division
Tre Hargett, Secretary of State
 State of Tennessee

INSTRUCTIONS

UCC Financing Statement AMENDMENT Additional Party (TN Form UCC3Ap)

Filing Fee: See UCC3 Financing Statement Amendment Instructions

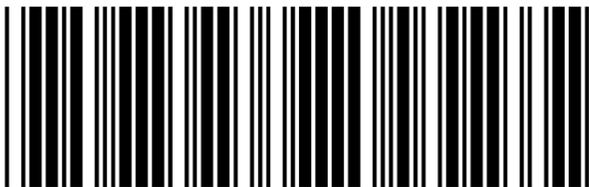
The UCC3 Financing Statement Additional Party must be filed in conjunction with a UCC3 Financing Statement. Please refer to the UCC3 Financing Statement Amendment instructions for directions on how to submit the forms.

Please type or laser-print this form. Be sure it is legible. Read all instructions, especially instructions 21-23; correct Debtor name is crucial. Follow instructions completely.

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

Do not insert anything in the open space in the upper right portion or in the right hand vertical margin of this form. It is reserved for filing office use.

- 19. INITIAL FINANCING STATEMENT FILE NUMBER** - Enter information exactly as given in item 1a of the UCC3 Amendment form.
- 20. AUTHORIZING PARTY** - Enter information exactly as given in item 9 of the UCC3 Amendment (UCC3Ad) form.
- 21 - 23. DEBTOR NAME** - If the UCC3 Amendment is to be filed or recorded in the real estate records, check box 1b of the UCC3 Amendment. Also, in item 13 of the UCC3 Amendment Addendum, enter Debtor's name, in proper format exactly identical to the format of item 1 of Financing Statement, and enter the name of the record owner in item 16 if Debtor does not have a record interest.
- 24 - 25. ADDITIONAL SECURED PARTY NAME** - Enter information for additional Secured Party or Total Assignee, determined and formatted per instruction 1 (TN Form UCC1).



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 | |
| | |
| 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 (21a or 21b) only one additional Debtor name (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 21c

| | | | | | |
|--------------------------|---------------------------|------|---------------------|-------------------------------|---------|
| 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 (22a or 22b) only one additional Debtor name (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 22c

| | | | | | |
|--------------------------|---------------------------|------|---------------------|-------------------------------|---------|
| 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 (23a or 23b) only one additional Debtor name (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 23c

| | | | | | |
|--------------------------|---------------------------|------|---------------------|-------------------------------|---------|
| 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 TOTAL ASSIGNEE 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 TOTAL ASSIGNEE 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 |

Note: All information on this form is public record.