

**NOTE: The attached form document is provided for illustrative purposes only and should not be revised or relied on for any other purpose and is subject to further modification by the CDFI Fund. The exact terms and conditions of this document will be set forth in the final document that is executed by each party.**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

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B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

1c. MAILING ADDRESS

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

|                          |                                   |                          |                                  |                                 |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|

**Do Not Provide**  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

2c. MAILING ADDRESS

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

|                          |                                   |                          |                                  |                                 |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|

**Do Not Provide**  NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

|                            |            |             |        |
|----------------------------|------------|-------------|--------|
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

3c. MAILING ADDRESS

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

4. This FINANCING STATEMENT covers the following collateral:

|  |  |   |  |                                       |                                   |   |
|--|--|---|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION [if applicable]:  | <input type="checkbox"/> LESSEE/LESSOR   | <input type="checkbox"/> CONSIGNEE/CONSIGNOR                                  | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum | <input type="checkbox"/> [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] (optional) | <input type="checkbox"/>               | <input type="checkbox"/> All Debtors  | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA   |  |   |  |                                       |                                   |   |

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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

|                               |        |
|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME       |        |
|                               |        |
| OR                            |        |
| 9b. INDIVIDUAL'S SURNAME      |        |
| FIRST PERSONAL NAME           |        |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

|  |  |      |       |             |         |
|--|--|------|-------|-------------|---------|
| 10a. ORGANIZATION'S NAME                   |  |      |       |             |         |
|  |  |      |       |             |         |
| OR   |  |      |       |             |         |
| 10b. INDIVIDUAL'S SURNAME                  |  |      |       |             |         |
| INDIVIDUAL'S FIRST PERSONAL NAME           |  |      |       |             |         |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |      |       | SUFFIX      |         |
| 10c. MAILING ADDRESS                       |  | CITY | STATE | POSTAL CODE | COUNTRY |

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|                           |  |                     |                               |             |         |
|---------------------------|--|---------------------|-------------------------------|-------------|---------|
| 11a. ORGANIZATION'S NAME  |  |                     |                               |             |         |
|                           |  |                     |                               |             |         |
| OR                        |  |                     |                               |             |         |
| 11b. INDIVIDUAL'S SURNAME |  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |         |
| 11c. MAILING ADDRESS      |  | CITY                | STATE                         | POSTAL CODE | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

|   |  |
|---|--|
| <p>13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> | <p>14. This FINANCING STATEMENT:<br/> <input type="checkbox"/> covers timber to be cut    <input type="checkbox"/> covers as-extracted collateral    <input type="checkbox"/> is filed as a fixture filing</p> |
| <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p>                    | <p>16. Description of real estate:</p>   |

17. MISCELLANEOUS: