

# UCC FINANCING STATEMENT AMENDMENT

Filing Fee: \$18

Follow Instructions Carefully

A. NAME & PHONE OF CONTACT (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
[ ]
[ ]

ABOVE SPACE FOR FILING OFFICE USE ONLY

## 1. Initial Financing Statement Information (Required)

1a. Original Filing Number:	1b. Original Filing Date:	1c. If filed prior to January 1, 2000, indicate Original Filing Office:
-----------------------------	---------------------------	---

2.  **Termination:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  **Continuation:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **Assignment:** Give name of assignee in item 7a or 7b and address of assignee in item 7c; also give name of assignor in item 9.

5. **Amendment (Party Information):** This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.  
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  
 **CHANGE** name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  
 **DELETE** name: Give record name to be deleted in 6a or 6b.  
 **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable)

6. CURRENT RECORD INFORMATION:

OR	6a. ORGANIZATION'S NAME			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

OR	7a. ORGANIZATION'S NAME			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
---------------------	------	-------	-------------	---------

ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATION ID#, if any
			<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment:

OR	9a. ORGANIZATION'S NAME			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

**Mail form with correct payment to:**  
Colorado Secretary of State  
1700 Broadway Ste 200  
Denver, CO 80290

**Make checks payable to:** Colorado Secretary of State

**Include a separate check for each form submitted for filing.**  
If a document is rejected, this will allow us to return the check at the time of rejection (if applicable). The document can be corrected and resubmitted with the returned check.

**Checks must be written for the exact amount**  
or the document may be rejected and returned.

**Do not include this page with your filing.**