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Wyoming Secretary of State Herschler Building East, Suite 101 122 W 25th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Email: UCC@wyo.gov

Effective Financing Statement (EFS) Amendment

1. Contact and Send Acknowledgment To:													
a. Na	a. Name and Phone of Contact at Filer (optional)					b. PAD Account # to be Charged							
c. Send Acknowledgement To: (Name and Address)					d. Email Contact at Filer								
	2. Original Financing Statement Information:												
a. Wyoming EFS No.					Date of Filing:								
3. Amendment Types:													
□ Continuation (\$15; \$30 if > 2 pages) □ Termination (\$5 if EFS filed prior to Continues the expiration date of the filing by 5 7/1/2001; otherwise no fee)					ed prior to	□ Assignment – Full or Partial □ Partial Release (\$15; \$30 if > 2 pages) (\$15; \$30 if > 2 pages)							
years. May only be filed within six (6) months The secured party no longer				party no longer c	laims a	Provide name of Assignee in item 6a or b, and				The secured party releases the collateral			
of the	expiration of the lien.		security intere	st.		address of Assignee in 6c. Assignor to sign in 5c and Assignee in 6e. The secured party's rights				described in item 7 below.			
						to the property described in item 7 has been assigned to the assignee listed in item 6.							
	dd Secured Party (iter			□ Add Debto	· /	□ Add Coll				ateral (item 7)			
	hanged Secured Party elete Secured Party (i			Changed I Delete Del									
	(\$15; \$30 if > 2 pages) (\$15; \$30 if > 2 pages)								5; \$30 if >				
4. First Original Debtor's Exact Full "Legal" Name (you must indicate additional original debtors on the addendum form):													
a. Organization Name													
b. Individual's Last Name First Name					Middle Name				Suffix				
5. O	5. Original Secured Party's or Assignee's Exact Full "Legal" Name:												
Or	a. Organization Nam	e											
			First Name	irst Name				Name			Suffix		
6. Changed or Added Information (only one (1) name (6a or 6b):							□ Check if Assignee						
Or	a. Organization Nam	e											
b. Individual's Last Name			First Name	First Name			Middle Name				Suffix		
	c. Last 4-digits of the	SSN or FEIN										<u> </u>	
d Ma	iling Address			City					State		Dental C	indo.	
d. Mailing Address City					Sidle				Postal Code				
<u>7. U</u>	odated Farm Proc	duct Informati	ion:		1								
Ad	Indicate Farm Product		roduct	Code	Year	Year Quantity Co			De	escription/Location in County			

Instructions for Completing Wyoming's EFS Amendment Form

General Instructions:

- Please type this form.
- Verify all information you enter for accuracy and correct spelling. Any error may result in your lien becoming ineffective.
- Acknowledgement Letter: A system derived acknowledgement letter will be returned to you to retain with your records. Please verify the information appearing on the acknowledgement letter for accuracy and correct spelling. If you discover a problem, please contact our office immediately at (307) 777.7311.
- Fees: See each amendment type for the specific fee.

Section 2: Original Financing Statement Information

<u>Wyoming EFS No. and Date of Filing</u>: You must list the initial filing number and the date the original lien was recorded with our Office. Be sure to check the number for accuracy. Please do not provide a filing number assigned to an amendment. Only one (1) filing number per form is permitted.

Section 3: Amendment Types

Check the appropriate box for the amendment you are performing.

<u>Section 4: First Original Debtor's Exact Full "Legal" Name:</u> You must list all original debtors when filing an EFS Amendment. To do so, you will list the first debtor in Section 4 and subsequent debtors in Sections 9 and 10 on the Amendment Addendum form.

<u>Section 5: Original Secured Party's or Assignee's Exact Full "Legal" Name:</u> You must provide the original secured party/assignee information.

Section 6: Changed or Added Information

These fields are to be used when adding, changing, or deleting a debtor's or secured party's information. You can list either an individual name or an organization name, but not both.

Section 7: Updated Farm Product Information

These fields are used when adding, changing, or deleting a farm product. Please indicate what the intent is. NOTE: you must list the specific farm products. Listing "all livestock and crops" will not suffice.