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				
OR 20b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
	SOLLIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do no	ot omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a 22a. ORGANIZATION'S NAME	or 22b) (use exact, full name; do no	ot omit, modify, or abbreviate a	ny part of the Debtor's name)	
OR and INDIVIDUALIS SUDMANT				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a	or 23b) (use exact, full name; do no	ot omit, modify, or abbreviate a	ny part of the Debtor's name)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION ASS	GNOR SECURED PARTY	S NAME: Provide only one na	ame (24a or 24b)	
OR				
24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
AS THE ADDITIONAL OF CHIPPED DADTIVID WAYS A PROPERTY OF A DOLLAR OF CHIPPED DADTIVID WAYS A PROPERTY OF A DOLLAR OF CHIPPED DADTIVID WAYS A PROPERTY OF A DOLLAR OF CHIPPED DADTIVID WAYS A PROPERTY OF A DOLLAR OF CHIPPED DADTIVID WAYS A PROPERTY OF A DOLLAR OF CHIPPED DADTIVID WAYS A PROPERTY OF CHIPPED DATIVID WAYS A PROPE	ONOR OF OUR ED BARTY	2 11415		
25. ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION ASS	GNOR SECURED PARTY	S NAME: Provide only one na	ame (25a or 25b)	
OR 25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
230. HADIVIDUAL & SURIVAINE	TINOT F LINOUVAL WAIVE	ADDITIC	MAL IMMINE(3)/INITIAL(3)	301111
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
26. MISCELLANEOUS:				

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

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions; use of the correct name for the Debtor is crucial. Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

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

ITEM INSTRUCTIONS

- 19. **File Number.** Enter file number of initial financing statement as shown in item 1a of Amendment (Form UCC3) to which this Amendment Addendum relates.
- 20. Name of Authorizing Party. Enter information exactly as shown in item 9 on Amendment (Form UCC3).
- 21-23. **Additional Debtor's name.** If this Amendment Additional Party adds additional Debtors, complete items 21, 22, and 23 in accordance with Instruction 1 of Financing Statement (Form UCC1).
- 24-25. Additional Secured Party's name or Assignor Secured Party's name. If this Amendment Additional Party adds additional Secured Parties, complete items 24 and 25 in accordance with Instruction 3 of Financing Statement (Form UCC1). In the case of an assignment of the Secured Party's interest, filer may enter Secured Party and/or Assignor Secured Party's name and mailing address information in items 24 and 25.
- 26. **Miscellaneous.** Under certain circumstances, additional information not provided on the Financing Statement Amendment (Form UCC3) may be required. Also, some states have non-uniform requirements. Use this space or attach additional page(s) and incorporate by reference in item 26 (e.g., See Exhibit A) to provide such additional information or to comply with such requirements; otherwise, leave blank. Do not include social security numbers or other personally identifiable information.