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UCC WAGE LIEN STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL WAGE LIEN STATEMENT FILE NUMBER

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

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

4. **PARTY INFORMATION CHANGE:**

Check one of these two boxes: Debtor (Employer) or Secured party of record (Employee) AND Check one of these three boxes to: CHANGE name and/or address: Complete Item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b; and item 7c DELETE name: Give record name to be deleted in item 6a or 6b

5. **CURRENT RECORD INFORMATION:** Complete

OR	5a. ORGANIZATION'S NAME			
	5b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

6. **CHANGED OR ADDED INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

OR	6a. ORGANIZATION'S NAME				
	6b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	
6c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

7. **COLLATERAL CHANGE** Also check one of these three boxes: ADD collateral DELETE collateral RESTATE covered collateral

Indicate collateral:

8. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, click here and provide name of authorizing Debtor ("Debtors's name is the Employer)

OR	8a. ORGANIZATION'S NAME			
	8b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

9. **OPTIONAL FILER REFERENCE DATA:**

Instructions for UCC Wage Lien Statement

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions, especially Instruction 1a; correct file number of Wage Lien statement 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.

Send completed form and any attachments to the filing office, with the required fee.

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.

C. Complete item C if filer desires an acknowledgment sent to them.
Always complete items 1 and 8.

1. **File Number.** Enter file number of initial Wage Lien statement to which this Amendment relates. Enter only one

Note: Show purpose of this Amendment by checking box 2, 3, 4, or 7 (in item 7 you must check additional boxes); also complete items 5, 6, and/or 7 as appropriate. Some, but not all filing offices accept multiple actions on an Amendment.

2. **Termination.** To **terminate** the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 2. See Instruction 8 below.

3. **Continuation.** To continue the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 4. See Instruction 8 below.

4-6. **Party Information Change.** To indicate a party information change, check this box; also check additional boxes (as applicable) and complete items 4, 5, and/or 6 as appropriate.

To **change the name and/or address** of a party (items 4, 5, and 6): Check box in item 4 to indicate whether this Amendment relates to a Debtor/Employer or Secured Party of record; and check the CHANGE name and/or mailing address box in item 5 and enter name of affected party (current record name) in item 5a or 5b; and repeat or enter the new name in item 6a or 6b; always enter the party's mailing address in item 6c.

To **add** a party (items 4 and 6): Check box in item 4 to indicate whether this Amendment relates to a Debtor/Employer or Secured Party/Employee of record; and check the ADD name box in item 4 and enter the added party's name in item 6a or 6b; always enter the party's mailing address in item 6c. For additional Debtors/Employers or Secured Parties/Employees attach Amendment Additional Party (Form UCC3AP), using correct name format.

To **delete** a party (items 5 and 6): Check box in item 4 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the DELETE name box in item 4 and enter the deleted party's name in item 6a or 6b.

7. **Collateral Change.** To indicate a **collateral change**, check this box; also check additional box (as applicable) and describe the change in item 7. If space in item 7 is insufficient, continue collateral description in item 14 of Amendment Addendum (Form UCC3Ad). Do not include social security numbers or other personally identifiable information.

To add collateral: Check the ADD collateral box in item 7 and indicate the additional collateral.

To delete collateral: Check the DELETE collateral box in item 7 and indicate the deleted collateral. A partial release is a DELETE collateral change.

To restate covered collateral description: Check the RESTATE covered collateral box in item 7 and indicate the restated collateral. If, due to a full release of collateral, filer no longer claims a security interest under the identified financing statement, check box in item 2 (Termination).

8. **Name of Authorizing Party.** Enter name of party of record authorizing this Amendment. In most cases, the authorizing party is the Secured Party/Employee of record. If this is an Amendment (Termination) authorized by a Debtor/Employer, check the box in item 8 and enter the name of the Debtor authorizing this Amendment in item 8a or 8b.

9. **Optional Filer Reference Data.** This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 9 any identifying information that filer may find useful. Do not include social security numbers or other personally identifiable information