[redacted]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
John Henry Doe (714) 555-1234

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

JOHN HENRY DOE
1234 SOVEREIGN STREET
HUNTINGTON BEACH, CALIFORNIA 92648

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2010-555555555

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

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 (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and 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 item 6a or 6b.
☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
JONES	TOM		

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
123 BANKERS STREET	WASHINGTON	DC	20044	US

[redacted] | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID#, if any ☐ NONE

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

THIS IS ACTUAL AND CONSTRUCTIVE NOTICE

The following property is being assigned by the Secured Party:

Private Registered Bonded Promissory Note No. JHDPN0001
United States Post Office Registered Mail No. RR123456789US

Value of Collateral: Five-million Five-hundred Thousand and 00/100 Dollars --- USD $5,500,000.00

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.

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Doe	John	Henry	

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on amendment form)

2010-555555555

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION NAME

OR

15b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Doe	**John**	**Henry**

16. MISCELLANEOUS:

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17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (17a or 17b) – do not abbreviate or combine names

17a. ORGANIZATION'S NAME

OR

17b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

17c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

[redacted]	ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID#, if any
				☐ NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (18a or 18b) – do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

18b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

18c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

[redacted]	ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID#, if any
				☐ NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (19a or 19b) – do not abbreviate or combine names

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

[redacted]	ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID#, if any
				☐ NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) – insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

ABC BANK

OR

20b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
123 BANKERS STREET	**WASHINGTON**	**DC**	**20044**	**US**

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) – insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY