

ISLAND OF GUAM

UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1

(IMPORTANT-Read instructions on back before filing out form)

This FINANCING STATEMENT is presented for filing pursuant to the Guam Uniform Commercial Code

1. DEBTOR (LAST NAME, FIRST NAME)

1B. MAILING ADDRESS

1C. CITY, STATE

1D. ZIP CODE

1E. RESIDENCE ADDRESS IF AN INDIVIDUAL AND DIFFERENT FROM 1B.

1F. CITY, STATE

1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME, FIRST)

2B. MAILING ADDRESS

2C. CITY, STATE

2D. ZIP CODE

2E. RESIDENCE ADDRESS IF AN INDIVIDUAL DIFFERENT FROM 2B.

2F. CITY, STATE

2G. ZIP CODE

3. DEBTOR'S TRADE NAME OR STYLE (IF ANY)

4A. ADDRESS OF DEBTOR'S CHIEF PLACE OF BUSINESS (IF ANY)

4A. CITY, STATE

AB. ZIP CODE

5. SECURED PARTY

NAME

MAILING ADDRESS

CITY STATE

ZIP CODE

6. ASSIGNEE OF SECURED PARTY (IF ANY)

NAME

MAILING ADDRESS

CITY STATE

ZIP CODE

7. This FINANCING STATEMENT covers the following types of items of property (if crops or timber, include description of real property on which growing or to be grown)

8. Check if applicable

A. [ ] Proceeds of Collateral are also covered

B. [ ] Products of Collateral are also covered

C. [ ] Proceeds of above described original collateral in which a security interest was perfected

D. [ ] Collateral was brought into this state subject to security interest in another jurisdiction

9. Check if applicable [ ] Debtor is a "transmitting utility" in accordance with 13 GCA §9105 (1)(n)

10.

Date

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

ITS AUTHORIZED REPRESENTATIVE -Secured Party

Debtor

11. This space for use of Filing Officer (Date, Time, File Number, and Filing Officer)

11. RETURN COPY TO

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_