

1A. DEBTOR (LAST NAME, FIRST, MIDDLE-IF AN INDIVIDUAL)	1B. SS# OR FEDERAL TAX NO.
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1C. MAILING ADDRESS

2A. ADDITIONAL DEBTOR (IF ANY) (LAST NAME, FIRST, MIDDLE-IF AN INDIVIDUAL)	2B. SS# OR FEDERAL TAX NO.
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2C. MAILING ADDRESS

3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)

===== SECURED PARTY INFORMATION =====

4A. SECURED PARTY

4B. MAILING ADDRESS

5A. ASSIGNEE OF SECURED PARTY (IF ANY)

5B. MAILING ADDRESS

===== PROPERTY INFORMATION =====

6A. This FINANCING AGREEMENT covers the following types or items of property:

YEAR: **MAKE:** **MODEL:**
VINNUMBER:

6B. Products of collateral are also covered

7A. Check if applicable and attach legal description of real property:

- Fixture filing under R.S. 10:9-313
- Minerals or the like (including oil and gas) or accounts subject to R.S. 10:9-103(5) will be financed at the wellhead or minehead of the well or mine.
- The debtor(s) do not have an interest of record in the real property. (Enter name and social security/federal tax number of an owner of record in 7B)

7B. OWNER OF REAL PROPERTY (If other than named debtor) (Enter name and ss#/fed. tax # of an owner of record)	7C. SS#/FEDERAL TAX NO.
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8. This statement is filed without the debtor's signature to perfect a security interest in collateral (check x if):

- already subject to a security interest in another jurisdiction when it was brought into this state or debtor's location changed to this state.
- which is proceeds of the original collateral described above in which a security interest was perfected.
- as to which the filing has lapsed.
- acquired after change of debtor's name, identity or corporate structure AND social security or federal tax number.

9. SIGNATURE(S) OF DEBTOR(S)	12. THIS SPACE FOR USE OF FILING OFFICER DATE, TIME, ENTRY# AND FILING OFFICER)
10. SIGNATURE(S) OF SECURED PARTY(IES) (if applicable)	

11. Return copy to:

NAME	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>
CITY, STATE	<input type="checkbox"/>
ZIP CODE	<input type="checkbox"/>

13. Number of additional sheets presented _____

