

ISLAND OF GUAM
UNIFORM COMMERCIAL CODE-FINANCING STATEMENT - FORM UCC-1
 (IMPORTANT - Read instructions on back before filling out form)
 This FINANCING STATEMENT is presented for filing pursuant to the Guam Uniform Commercial Code

| | | |
|---|------------------------|---------------------|
| 1. DEBTOR (LAST NAME FIRST) | | |
| 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 | 4B. 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 or items of property (if crops or timber, include description of real property on which growing or to be grown) | | |

| | | | | |
|-------------------------------|---|---|--|---|
| 8. Check if Applicable | A. <input type="checkbox"/> Proceeds of Collateral are also covered | B. <input type="checkbox"/> Products of Collateral are also covered | C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected | D. <input type="checkbox"/> 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 G.C.A. §9105(1)(n)

| | | |
|--------------------------------|--|--|
| 10. | | 11. This Space for Use of Filing Officer (Date, Time, File Number and Filing Officer) |
| (Date) | | |
| BY: _____ | | C |
| NAME: _____ | | O |
| ITS: AUTHORIZED REPRESENTATIVE | | D |
| — Secured Party | | E |
| — Debtor | | 1 |
| | | 2 |
| | | 3 |
| | | 4 |
| | | 5 |
| | | 6 |
| | | 7 |
| | | 8 |
| | | 9 |

11. RETURN COPY TO

NAME _____

ADDRESS _____

CITY, STATE _____

AND ZIP _____