

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

1. FILE NO. OF ORIG. FINANCING STATEMENT	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT	1B. DATE OF ORIG. FINANCING STATEMENT	1C. PLACE OF FILING ORIG. FINANCING STATEMENT
2. DEBTOR (LAST NAME FIRST)			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. SECURED PARTY			4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.D.A. NO.
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
5. ASSIGNEE OF SECURED PARTY (IF ANY)			5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.D.A. NO.
NAME			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
6. <input type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
B <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.			
C <input type="checkbox"/> ASSIGNMENT — The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.			
D <input type="checkbox"/> TERMINATION — The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)			
F <input type="checkbox"/> OTHER			

8. _____ (Date) _____ 19____ By: _____ (TITLE) SIGNATURE(S) OF DEBTOR(S) By: _____ (TITLE) SIGNATURE(S) OF SECURED PARTY(IES)	C O D E 1 2 3 4 5 6 7 8 9	9. This Space for Use of Filing Officer (Date, Time, File Number, Filing Office)
10. Return Copy to NAME _____ ADDRESS _____ CITY, AND STATE _____ FILING OFFICER COPY		