



**CAUTION:**  
**This is not an amendment.**

**INFORMATION STATEMENT**

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)   |
| B. E-MAIL CONTACT AT FILER (optional)  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |
| <div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> <span style="position: absolute; top: 5px; left: 5px;">┌</span> <span style="position: absolute; top: 5px; right: 5px;">┐</span> <span style="position: absolute; bottom: 5px; left: 5px;">└</span> <span style="position: absolute; bottom: 5px; right: 5px;">┘</span> </div> |

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. Identification of the RECORD to which this INFORMATION STATEMENT relates

|   |  |
|---|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | 1b. RECORD INFORMATION TO WHICH THIS INFORMATION STATEMENT RELATES |
|---|--|

2. Check one of these three boxes to indicate the claim made by this INFORMATION STATEMENT

2a.  RECORD IS INACCURATE. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy

2b.  RECORD WAS WRONGFULLY FILED. Enter in item 3 the basis for the belief by the Debtor of Record identified in item 5 that the RECORD identified in item 1 was wrongfully filed

2c.  RECORD FILED BY PERSON NOT ENTITLED TO DO SO. Enter in item 3 the basis for the belief by the Secured Party of Record that the person that filed the RECORD identified in item 1 was not entitled to do so under UCC Section 9-509

3. Basis for claim of box checked in item 2

4. If this INFORMATION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this INFORMATION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1a above was filed [or recorded]

|          |          |
|----------|----------|
| 4a. DATE | 4b. TIME |
|----------|----------|

5. NAME of PERSON filing this INFORMATION STATEMENT

5a. ORGANIZATION'S NAME

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OR

|                          |                     |                               |        |
|--------------------------|---------------------|-------------------------------|--------|
| 5b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|