



DEBRA BOWEN | SECRETARY OF STATE | STATE OF CALIFORNIA
BUSINESS PROGRAMS | UNIFORM COMMERCIAL CODE

1500 11th Street | Sacramento, CA 95814 | P.O. Box 942835 | Sacramento, CA 94235-0001 | (916) 653-3516 | www.sos.ca.gov

June 1, 2008

REDACTION OF SOCIAL SECURITY NUMBERS

In order to protect personal privacy and in compliance with Section 9526.5 of the California Uniform Commercial Code (UCC), the Secretary of State's office (SOS) has removed ("redacted") social security numbers, if provided, from all UCC records filed prior to December 31, 2007. In addition, the SOS is redacting any social security number provided on a record filed on paper after January 1, 2008.

For each record that is redacted, the SOS maintains the original un-redacted official filing image and creates a redacted public filing image, which is available for UCC information requests. The un-redacted official filing image is available to the public pursuant to a subpoena or an order from a court of competent jurisdiction.

In the event that the SOS misses redacting a social security number from a UCC record, any person may notify the SOS and specify the file or document number of the record and the location of the social security number within the record, and the SOS will create a redacted public filing image of the record within 10 business days from the date of notification.

In addition, the SOS has made available a filing form pursuant to Section 9521 of the UCC that removes the space identified for the disclosure of the social security number of an individual. These UCC filing forms can be obtained by visiting the California Business Portal at www.sos.ca.gov and clicking on the Forms & Fees link.

UCC filings are public records. Please do not put people at risk of identify theft by including social security numbers on any documents for filing with the Secretary of State.

For more information on identify theft, you may want to visit the California Office of Information Security & Privacy Protection (OISPP) website at www.oispp.ca.gov or review its consumer information on Social Security Number privacy available at www.oispp.ca.gov/consumer_privacy/ssn.asp.

Instructions for UCC Financing Statement Additional Party (Form UCC1AP)

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement (Form UCC1).

19. Insert name of first Debtor shown on Financing Statement to which this Additional Party relates, exactly as shown in item 1 of Financing Statement.
20. Miscellaneous: Under certain circumstances, additional information not provided on Financing Statement may be required. Also, some states have non-uniform requirements. Use this space to provide such additional information or to comply with such requirements; otherwise, leave blank.
- 21-23. If this Additional Party adds additional Debtors, complete items 21, 22, and 23 in accordance with Instruction 1 of Financing Statement and give complete information for each additional Debtor. Be sure to complete either the organization's name or individual's name items.
- 24-25. If this Additional Party adds additional Secured Parties, complete items 24 and 25 in accordance with Instruction 3 of Financing Statement and give complete information for each additional Secured Party.

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

19a. ORGANIZATION NAME

OR

19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
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20. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (21a or 21b) – do not abbreviate or combine names

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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21c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	21g. ORGANIZATIONAL ID#, if any	<input type="checkbox"/> NONE
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22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (22a or 22b) – do not abbreviate or combine names

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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22c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	22g. ORGANIZATIONAL ID#, if any	<input type="checkbox"/> NONE
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23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (23a or 23b) – do not abbreviate or combine names

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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23c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	23g. ORGANIZATIONAL ID#, if any	<input type="checkbox"/> NONE
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24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) – insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME

OR

24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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24c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) – insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME

OR

25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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25c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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