



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

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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 Amendment Additional Party (Form UCC3AP)

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement Amendment (Form UCC3).

14. Enter file number of Financing Statement as shown on the Amendment to which this Amendment Additional Party relates, exactly as shown in item 1a of Amendment.
15. Enter information exactly as shown in item 9 of Amendment.
16. Miscellaneous: Under certain circumstances, additional information not provided on Amendment 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.
- 17-19. If this Amendment Additional Party adds additional Debtors, complete items 17, 18, and 19 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.
- 20-21. If this Amendment Additional Party adds additional Secured Parties, complete items 20 and 21 in accordance with Instruction 3 of Financing Statement and give complete information for each additional Secured Party.

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on amendment form)

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION NAME

OR

15b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
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16. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (17a or 17b) – do not abbreviate or combine names

17a. ORGANIZATION'S NAME

OR

17b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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17c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR

17e. TYPE OF ORGANIZATION

17f. JURISDICTION OF ORGANIZATION

17g. ORGANIZATIONAL ID#, if any

NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (18a or 18b) – do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

18b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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18c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR

18e. TYPE OF ORGANIZATION

18f. JURISDICTION OF ORGANIZATION

18g. ORGANIZATIONAL ID#, if any

NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one name (19a or 19b) – do not abbreviate or combine names

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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19c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR

19e. TYPE OF ORGANIZATION

19f. JURISDICTION OF ORGANIZATION

19g. ORGANIZATIONAL ID#, if any

NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) – insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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20c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) – insert only one name (21a or 21b)

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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