

4. Name of person submitting this Information Statement for Filing

4A. Organization's Name

or

4B. Individual's

Surname:

First Personal Name:

Middle:

Suffix:

4C. Mailing Address:

Address:

City:

State:

Zip Code:

Country:

Instructions for Connecticut Information Statement

Please type or print this form. Be sure it is completely legible. Read all Instructions.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filling office use.

1. File number: Enter file number of initial financing statement to which the Record relates. Enter only one file number.

2. Debtor's Name: Enter only one debtor's name in 2a or 2b.

2a. Organizational Debtor

2c. An address is always required for the Debtor named in 1a or 1b.

2b. Individual Debtor

2c. Enter Debtor's address

3. If this Information Statement is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 3a, provide the basis for that belief in 3d; and indicate the manner in which the Record should be amended to cure the inaccuracy in 3e. If this Information Statement is filed based on the filer's belief that the record identified in item 1 was wrongfully filed, check box 3b and provide the basis for belief in 3d and the cure for the inaccuracy in 3e.

If the Information Statement is being filed by a secured party who believes a record has been filed by a person not entitled to do so check box 3c and indicate the basis for the belief in 3d.

4. Always enter name of the person who authorized the filing of this Information Statement. This name must be the same as the name under which the record is indexed.

Office of the Secretary of the State

Mailing Address:

Business Services Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470

Delivery Address:

Business Services Division
Connecticut Secretary of the State
165 Capitol Avenue, Suite 1000
Hartford, CT 06106

Phone: **860-509-6003**

Website: business.ct.gov