

**SECRETARY OF THE STATE OF CONNECTICUT**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

**DELIVERY ADDRESS:** COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

**PHONE: 860-509-6002**

**WEBSITE:** [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

# STATE OF CONNECTICUT UCC-1 FINANCING STATEMENT

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):  CUSTOMER ID:  NAME:  ADDRESS:    CITY:  STATE:                                ZIP:  EMAIL:		<b>FILING FEE: \$50</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"	
<b>1. DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (1A OR 1B) - DO NOT ABBREVIATE OR COMBINE NAMES</b>			
OR	<b>1A. ORGANIZATION'S NAME</b>		
	<b>1B. INDIVIDUAL'S</b>		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
<b>1C. MAILING ADDRESS:</b>  ADDRESS:    CITY:  STATE:                                ZIP:                                COUNTRY:			
<b>2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - INSERT ONLY ONE DEBTOR NAME (2A OR 2B) - DO NOT ABBREVIATE OR COMBINE NAMES</b>			
OR	<b>2A. ORGANIZATION'S NAME</b>		
	<b>2B. INDIVIDUAL'S</b>		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
<b>2C. MAILING ADDRESS:</b>  ADDRESS:    CITY:  STATE:                                ZIP:                                COUNTRY:			

**3. SECURED PARTY NAME (OR NAME OF ASSIGNEE OF ASSIGNOR S/P) - INSERT ONLY ONE SECURED**

PARTY NAME (3A OR 3B)

OR	<b>3A. ORGANIZATION'S NAME</b>		
	<b>3B. INDIVIDUAL'S</b>		
	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX

**3C. MAILING ADDRESS:**

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

**4. THIS FINANCING STATEMENT COVERS THE FOLLOWING COLLATERAL:**

5. CHECK ONLY IF APPLICABLE AND CHECK ONLY ONE BOX: COLLATERAL IS ☐ HELD IN A TRUST (SEE UCC 1AD, ITEM 13 AND INSTRUCTIONS) ☐ BEING ADMINISTERED BY A DECEDENT'S PERSONAL REPRESENTATIVE.

**6. CHECK ONLY IF APPLICABLE AND CHECK ONLY ONE BOX:**☐ Public-Finance Transaction ☐ A Debtor is a Transmitting Utility**7. ALTERNATIVE DESIGNATION (if applicable):**☐ Lessee / Lessor ☐ Consignee / Consignor ☐ Seller / Buyer ☐ Bailee / Bailor ☐ Licensee / Licensor**8. OPTIONAL FILER REFERENCE DATA:**

## Instructions for Connecticut UCC Financing Statement (Form UCC-1)

### **INSTRUCTIONS**

Please type or print this form. Be sure it is completely legible. Read all Instructions, especially Instruction 1; correct Debtor name is crucial. Follow Instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your Legal Advisor. Filing office cannot give legal advice.

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

When properly completed, send Filing Office Copy, with required fee, to filing office.

If you need to use attachments, use 8 1/2 x 11 inch sheets and put at the top of sheet the name of the first Debtor, formatted exactly as it appears in item 2 of this form; you are encouraged to use the UCC Financing Statement Addendum.

1. Debtor name: Enter only one Debtor name in item 1, an organization's name (1a) or an individual's name (1b). Enter Debtor's exact full legal name. Do not abbreviate.
  - 1a. Organization Debtor. "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a Partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name, organization type, and jurisdiction of organization.
  - 1b. Individual Debtor. "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box for titles or lineage (jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs John Smith). enter individual Debtor's family name (surname) in Surname box, first given name in First Personal Name box, and all additional given names in Middle Name box. For both organization and individual Debtors: Don't use Debtors trade name, DBA, AKA, FKA, Division name etc. in place or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended.)
  - 1c. An address is always required for the Debtor named in 1a or 1b.
2. If an additional Debtor is included, complete item 2. To include further additional Debtors, or one or more additional Secured Parties, attach either Addendum (Form UCC1Ad) of other additional page(s), using correct name format. Follow Instruction 1 for determining and formatting additional names.
3. Enter information for Secured Party or Total Assignee. If there is more than one Secured Party, see Instruction 2.
4. Use item 4 to indicate the collateral covered by this Financing Statement. If space in item 4 is insufficient, put the entire collateral description or continuation of the collateral description on either Addendum (Form UCC1Ad) or the other attached additional page(s).
5. If Debtor is a trust or a trustee acting with respect to property held in trust or is a decedent's estate, check the appropriate box.
6. If Debtor is a transmitting utility, check the appropriate box. If filed in connection with a public finance transaction, check the appropriate box.
7. If the filer desires (at filer's option) to use titles of lessee and lessor, or consignee and consignor, or seller and buyer (in the case of accounts or chattel paper), or bailee and bailor instead of Debtor and Secured Party, check the appropriate box in item 5.
8. This item is optional and is for filer's use only.

**OFFICE OF THE SECRETARY OF THE STATE**

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