

**CORRECTION STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE NUMBER OF CONTACT (optional)
B. RETURN ACKNOWLEDGMENT BY (additional fee) FAX: or EMAIL:
C. RETURN TO: (Name and Address)

**1. FILE NUMBER OF ORIGINAL FINANCING STATEMENT**

1a. FILE NUMBER	FILE DATE OF ORIG. FINANCING STATEMENT
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**2. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b)**

2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID # SSN OR EIN	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	g. ORGANIZATIONAL ID # if any	

**3. PLEASE MARK THE APPROPRIATE BOX IN 3a – (check only one box)**

3a. <input type="checkbox"/> RECORD IS INACCURATE	<input type="checkbox"/> RECORD WAS WRONGFULLY FILED
3b. State the reason why the record is inaccurate or was filed wrongfully:	
3c. Describe how the record should be amended:	

**4. NAME OF PERSON SUBMITTING THIS CORRECTION STATEMENT FOR FILING**

4a. ORGANIZATION'S NAME				
4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
4c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY