Business Services Division
Tre Hargett, Secretary of State
State of Tennessee

INSTRUCTIONS

UCC Financing Statement AMENDMENT Additional Party (TN Form UCC3Ap)

Pursuant to T.C.A. § 39-17-117, it is a Class E felony for any person to knowingly prepare, sign, or file any lien or other document with the intent to encumber any real or personal property when such person has no reasonable basis or any legal cause to place such lien or encumbrance on such real or personal property.

Filing Fee: See instructions for UCC3 Financing Statement Amendment (TN Form UCC3)

A blank form follows these instructions.

The UCC3 Financing Statement Additional Party must be filed in conjunction with a UCC3 Financing Statement. Please refer to the UCC3 Financing Statement Amendment instructions for directions on how to submit the forms.

Please type or laser-print this form. Be sure it is legible. Read all instructions, especially instructions 21-23; 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 attorney. Filing office cannot give legal advice.

Do not write in any area of the form other than in the designated application box sections.

19. INITIAL FINANCING STATEMENT FILE NUMBER - Enter information exactly as given in item 1a of the UCC3 Amendment form.

20. AUTHORIZING PARTY - Enter information exactly as given in item 9 of the UCC3 Amendment (UCC3Ad) form.

21 - 23. DEBTOR NAME - If the UCC3 Amendment is to be filed or recorded in the real estate records, check box 1b of the UCC3 Amendment. Also, in item 13 of the UCC3 Amendment Addendum, enter Debtor's name, in proper format exactly identical to the format of item 1 of Financing Statement, and enter the name of the record owner in item 16 if Debtor does not have a record interest.

24 - **25. ADDITIONAL SECURED PARTY NAME -** Enter information for additional Secured Party or Total Assignee, determined and formatted per instruction 1 (TN Form UCC1).

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

Reset Form

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME	
20b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide (21a or 21b) only one additional Debtor name (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 21c

	21a. ORGANIZATION'S NAME			
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide (22a or 22b) only one additional Debtor name (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 22c

	22a. ORGANIZATION'S NAME			
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23. ADDITIONAL DEBTOR'S NAME: Provide (23a or 23b) only one additional Debtor name (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 23c

	23a. ORGANIZATION'S NAME			
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ TOTAL ASSIGNEE SECURED PARTY'S NAME: Provide only one name (24a or 24b)

	24a. ORGANIZATION'S NAME			
OR	24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

25. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ TOTAL ASSIGNEE SECURED PARTY'S NAME: Provide only one name (25a or 25b)

	25a. ORGANIZATION'S NAME			
OR	25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

Note: All information on this form is public record.