STATE OF LOUISIANA

UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - FORM UCC-1 -- Motor Vehicles

This FINANCING STATEMENT is presented for filing pursuant to Chapter 9 of the Louisiana Commercial Laws

1 A. DEBTOR (LAST NAME, FIRST, MIDDLE - IF AN INDIVIDUAL) | 1 B. SS# OR EMPLOYER I.D. NO.

1 C. MAILING ADDRESS

2 A. ADDITIONAL DEBTOR (IF ANY) (LAST NAME, FIRST, MIDDLE - IF AN INDIVIDUAL) | 2 B. SS# OR EMPLOYER I.D. NO.

2 C. MAILING ADDRESS

3 A. ADDITIONAL DEBTOR OR DEBTOR'S TRADE NAMES OR STYLES (IF ANY) | 3 B. SS# OR EMPLOYER I.D. NO.

SECURED PARTY INFORMATION

4 A. SECURED PARTY | 4 B. SS# OR EMPLOYER I.D. NO.

4 C. MAILING ADDRESS

5 A. ASSIGNEE OF SECURED PARTY (IF ANY) | 5 B. SS# OR EMPLOYER I.D. NO.

5 C. MAILING ADDRESS

PROPERTY INFORMATION

6 A. This FINANCING STATEMENT covers the following types or items of property:

	YEAR	MAKE	BODY TYPE (If truck, tons, cap.)	MODEL	VEHICLE IDENTIFICATION NO.
☐ New ☐ Used					

DATE OF LIEN:

AMOUNT OF LIEN: DATE OF MATURITY, IF ANY:

6 B. ☐ Products of collateral are also covered.

7 A. Check if applicable and attach legal description of real property:

☐ Fixture filing under R.S. 10:9-313

☐ Minerals or the like (including oil and gas) or accounts subject to R.S. 10:9-103(5) will be financed at the wellhead or minehead of the well or mine.

☐ The debtor(s) does not have an interest of record in the real property. (Enter name and social security/employer I.D.# of an owner of record in 7B.)

7 B. OWNER OF REAL PROPERTY (If other than named debtor)(Enter name and ss#/emp i.d.# of an owner of record) | 7 C. SS#/EMPLOYER I.D. NO.

8. This statement is filed without the debtor's signature to perfect a security interest in collateral (check [ ] if so):

☐ already subject to a security interest in another jurisdiction when it was brought into this state or debtor's location changed to this state.

☐ which is proceeds of the original collateral described above in which a security interest was perfected.

☐ as to which the filing has lapsed.

☐ acquired after a change of debtor's name, identity or corporate structure AND social security or employer i.d. no.

9. SIGNATURE(S) OF DEBTOR(S)

12. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, ENTRY # AND FILING OFFICER)

10. SIGNATURE(S) OF SECURED PATRY(IES) (if applicable)

By:

11. Return copy to:

NAME

ADDRESS

CITY, STATE, ZIP CODE

13. Number of additional sheets presented _____

LOUISIANA APPROVED FORM UCC 1. SECRETARY OF STATE W.FOX McKEITHEN