

**State of Wyoming**  
**Effective Financing Statement (EFS)**  
**Amendment**

<b>Debtor Name</b> _____ Social Security # or Employer ID# _____  <b>1.</b> _____ <b>2.</b> _____ <b>3.</b> _____  <b>Mailing Address</b> _____	<b>Secured Party and Address</b> _____   <b>Assignee of Secured Party and Address</b> _____
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THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NO. \_\_\_\_\_ (Limited to one transaction per UCC 3)

DATED \_\_\_\_\_ FILED WITH \_\_\_\_\_

<input type="checkbox"/> <b>CONTINUATION</b> The financing statement bearing the above file number is still effective. Must be signed by <b>secured party and debtor for Effective Financing Statement.</b> <b>Filing fee: \$15.00</b> <b>\$30 if more than two pages.</b>	<input type="checkbox"/> <b>TERMINATION</b> The secured party no longer claims a security interest under the financing statement bearing the above file number. Must be signed by the secured party for Effective Financing Statement. <b>Filing Fee: \$5.00 for EFS filed prior to July 1, 2001.</b>	<input type="checkbox"/> <b>PARTIAL RELEASE</b> The secured party releases the collateral described below from the financing statement bearing the above file number. Must be signed by secured party for Effective Financing Statement. <b>Filing fee: \$15.00</b> <b>\$30 if more than two pages.</b>	<input type="checkbox"/> <b>ASSIGNMENT</b> The secured party's rights to the property described below under the statement bearing the above file number have been assigned to the assignee whose name and address are listed above right. Must be signed by secured party for Effective Financing Statement. <b>Filing fee: \$15.00</b> <b>\$30 if more than 2 pages.</b>	<input type="checkbox"/> <b>AMENDMENT</b> The financing statement bearing the above file number is amended as set forth below. Must be signed by both <b>debtor and secured party</b> for Effective Financing Statement. <b>Filing fee: \$15.00</b> <b>\$30 if more than two pages.</b>
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This area is for the description of Collateral Release, Collateral if assigned, or description of Real Estate, if necessary:

CHECK (X) IF ALSO COVERED \_\_\_\_\_ PROCEEDS OF COLLATERAL \_\_\_\_\_ PRODUCTS OF COLLATERAL \_\_\_\_\_ ATTACHMENTS \_\_\_\_\_

**Pay proceeds to debtor and secured party unless otherwise checked** \_\_\_\_\_ Secured Party Only \_\_\_\_\_ Debtor Only

Use the following for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS) filing in accordance with the Food Security Act of 1985.

FARM PRODUCT	CODE	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 MUST BE ORIGINALLY SIGNED Signature of Secured Party

\_\_\_\_\_  
 \_\_\_\_\_  
 MUST BE ORIGINALLY SIGNED Signature of Debtor(s)