# MARYLAND STATE DEPARTMENT OF

# Assessments and Taxation

# UCC ONLINE ELECTRONIC FILING USER GUIDE



Division of Business Filings 301 W. Preston St. Baltimore, MD 21201 (410) 767-1184 Outside the Baltimore Metro Area 888-246-5941 | Maryland Relay 800-735-2258 Email: <u>sdat.ucc@maryland.gov</u> <u>https://SDAT/UCCFiling/UCCMainPage.aspx</u>

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# 1.0 - INTRODUCTION

The Maryland State Department of Assessments and Taxation's office has served as the central filing office for public notices of secured transactions under Revised Article 9 of the Uniform Commercial Code. These public notices, called financing statements, indicate a commercial agreement between a debtor and a secured party.

Financing statements are filed by banks, mortgage companies, and other lending institutions against secured collateral. Searches of financing statements provide information on secured collateral. When a debtor pledges collateral on a loan, UCC search results tell lenders if others have filed a claim against the same collateral.

The Maryland State Department of Assessments and Taxation's UCC Online system provides users with the capability to file all UCCs immediately and to conduct searches that will provide the user with immediate results. The delay normally experienced from having to mail in files is eliminated. If the user completes all mandatory fields, the filing is filed immediately. Payment for filings and certified copies may be made using a debit or credit card.

Privacy and security is assured via Secure Sockets Layer (SSL) protocol which encrypts the information being passed between the web server and the user's computer.

The Maryland UCC Online system is designed to be available 24-hours per day, seven days per week.

We have prepared this user manual to assist you in becoming familiar with the Maryland State Department of Assessments and Taxation's UCC Online system. In addition, many pages within the application have associated "Instructions" which may be of use. Of course, the Maryland State Department of Assessments and Taxation's office will be available to assist you as well.

# 2.0 – APPLICATION ELEMENTS

#### 2.01 - INSTRUCTIONS

Page instructions can be viewed by clicking the Instructions button located at the top left of the page. Instructions will appear below the **INSTRUCTIONS** button.

IN STRUCTION S
Contact Information
Name to Send Acknowledgment To: Used to assist filing office in communicating with filer.
Contact Phone Number: International Customers: Do not provide information in this field.
Contact Email Address: Used by the filing office to return filer acknowledgment copy via email.
Verify Email Address: Used by the filing office to verify email address is keyed correctly by the user.
Address Line 1: Used by the filing office to record Acknowledgment Copy data.
City/Province/Region: Used by the filing office to record Acknowledgment Copy data.
State: Used by the filing office to record Acknowledgment Copy data.
Zip/Postal Code: Used by the filing office to record Acknowledgment Copy data.
International Customers: If you do not have a zip/postal code, please enter in 0000 in the Zip/Postal code field. Otherwise, please provide your postal code in the first text box.

Click the **INSTRUCTIONS** button again to remove the page instructions from displaying on the page.

## 2.02 – PROGRESS INDICATOR

During the filing process, each page displays a progress indicator. The progress indicator provides the user with a visual representation of where they are in the filing process. The current step is highlighted.

» Home » Main Menu » Contact » Debtor » Secured Party » Collateral » Additional » Summary » Payment » Payment Confirm

# 3.0 – MAIN MENU

This page provides the user with options to file a UCC-1, UCC-3, or UCC-5 as well as options to search filings by name or filing number. Please note the disclaimer box at the bottom of this page. All users should read and pay special attention to this disclaimer statement.

JCC Filings	UCC Search and Retrieval
Save Time - File Online! Online filers will receive an electronic acknowledgment copy of heir filing.	View/print up to the minute records of UCC filings recorded with the Maryland Department of Assessments and Taxation Business Services.
UCC-1 Start a New Filing     UCC-3 Amendment     UCC-3 Information	Today's Search Date is: 06/02/2020
UCC-3 Continuation     Statement	Name Search
UCC-3 Assignment	Filing Number Search
Disclaimer	
Disclaimer Information on this Web site is collected, maintained, and provide Assessments and Taxation Business Services strives to keep suc Assessments and Taxation Business Services does not certify th parties. The Maryland Department of Assessments and Taxation actions taken or omissions made from reliance upon any informa Notice: Protect Your Social Security Number Most documents maintained by the Maryland Department of Asse disclosure. Filings may be viewed by the public and requested co	ed for the convenience of the user. While the Maryland Department of ch information accurate and updated, the Maryland Department of e authenticity of information contained herein as it originates from third Business Services shall under no circumstances be liable for any tion contained herein regardless of the source.

To begin using the UCC Online system, select one of the UCC Filing or UCC Search and Retrieval options.

The UCC-1, Start a New Filing link allows you to start the process to file a new initial financing.

The <u>UCC-3</u>, <u>Amendment</u>, <u>UCC-3</u>, <u>Termination</u>, <u>UCC-3</u>, <u>Assignment</u> and <u>UCC-3</u>, <u>Continuation</u> links allow you to start the process to file an amendment to an initial financing statement.

The <u>UCC-5</u>, <u>Information Statement</u> link allows you to start the process to file a correction to an initial financing statement.

The <u>Name Search</u> link allows you to search active filings by debtor or secured party name.

The Filing Number Search link allows you to search active filings by filing number.

# 4.0 - UCC-1, START A NEW FILING

This option is used to file the initial security interest.

The UCC-1 financing statement filing is divided into several web pages. Each page allows for the entry of a specific type of information. Please do not place your social security number on a UCC filing or any other document you submit to the Maryland State Department of Assessments and Taxation. Although we attempt to prevent disclosure of social security numbers, we cannot guarantee that a social security number placed on a document will not be disclosed due to the large number of documents filed. It is the responsibility of the filer to ensure that a social security number is not contained on the filing. Please note that all information entered on the following screens will be displayed on copies of the filing. Filings may be viewed by the public and requested copies may also be made available.

### 4.01 – CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-1 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

Send Acknowledgment To (Name)			=	]	
Contact Name				1	
Contact Phone Number	()·				
Contact Phone Extension					
Contact Email Address				Included on Original Filing	
Verify Contact Email Address				Do Not Include on Original Filing	
Address Line 1		=			
Address Line 2					
City/Province/Region					
State	SELECT STA	TE ::: ¥			
Zip/Postal Code					
Country	United States		•		

Once the form has been filled out, click the **CONTINUE** button to move to the next step of the filing process.

# 4.02 – DEBTOR INFORMATION

The Debtor screen is used to allow for the entry of any number of debtors. When the screen is first displayed, the user can select whether the debtor is an individual or an organization. Any fields that should not be provided on the basis of the debtor type will be grayed out.

Information provided on this screen is the same information provided in Sections 1 and 2 of the UCC-1 form and Section 10 of the UCC-1Ad form. Enter only one debtor name in the Organization Name or Individual Name fields per page. If you have more than one debtor to provide, select the **ADD ANOTHER DEBTOR** button after you are done providing the information for the current debtor. If you do not have an additional debtor to add or you are done entering additional debtors, click the **CONTINUE** button to move to the next step of the filing process.

enter (marriad	ion j	INSTRUCTIONS -
You must add at least one	debtor before you can continue.	
Debtor Type:	Organization	
	Individual	
"Organization Name		
Individual's First Name	(	
Additional Name(s)/Initial(s)		
Individual's Surname		
Individual Suffix		
Address Line 1		
Address Line 2		
·City/Province/Region		
-State	SELECT STATE ::: V	
-Zip/Postal Code		
Country	United States	
		ADD ANOTHER DEBTOR

If the Debtor Type is an *individual*, note that **Individual First Name**, **Individual Last Name**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

or (Organization				INSTRUCTIONS -
ust add at least one debtor be	re you can continue.			
or Type: 🔹 Orga	nization			
O India	dual			
ization Name				
ual's First Name		(	0	
nal Name(s)/Initial(s)				
lual's Surname				
ual Suffix				
ss Line 1				
s Line 2				
rovince/Region				
::: SEL	CT STATE ::: 🗸			
ostal Code				
ry United	states 🗸			
				ADD ANOTHER DEBTOR
-				

If the Debtor Type is an *organization*, note that **Organization Name**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code**, **Country**, **Organization Type** and **Organization Jurisdiction** are all required fields.

Debtor Type	Debtor Name	Actions	
Individual	John Doe	Edit	Remove
Debtor Type:	Organization		
	Individual		
"Organization Name			
Individual's First Name	[	1	
Additional Name(s)/Initial(s)			
Individual's Surname			
Individual Suffix			
Address same as First Debtor Address	0		
Address Line 1			
Address Line 2			
City/Province/Region			
State	SELECT STATE :::: 🗸		
Zip/Postal Code			
Country	United States 🗸		
			ADD ANOTHER DEBTO

If more than one debtor is entered, each debtor name provided by the user is displayed at the top of the page. If the user determines that information for the debtor is incorrect, the user can easily edit or remove the debtor by selecting the appropriate link.

In order to make online filing as efficient as possible, additional debtors have an option to allow the user to use the same debtor address as the first debtor. By checking the "Address same as First Debtor Address" checkbox, the Address Line 1, Address Line 2, City/Province/Region, State, Zip/Postal Code and Country will be populated with the same information as the first debtor.

Once you have finished entering debtors, click the **CONTINUE** button to move to the next step of the filing process.

## 4.03 - Secured Party Information

The Secured Party screen is used to allow for the entry of one or more secured parties. Like the debtor screen, the user can select whether the secured party is an individual or an organization. Any fields that should not be provided on the basis of the secured party type will be grayed out.

Information provided on this screen is the same information provided in Section 3 of the UCC-1 form and Section 11 of the UCC-1Ad form. Enter only one secured party name in the Organization Name or Individual Name fields per page. If you have more than one secured party to provide, select the **ADD ANOTHER SECURED PARTY** button after you are done providing the information for the current secured party. If you do not have an additional secured party to add or you are done entering additional secured parties, click the **CONTINUE** button to move to the next step of the filing process.

ecured Party (Ir	ndividual)	INSTRUCTIONS 👻
You must add at least one se	ecured party before you can continue.	
<ul> <li>Secured Party Type:</li> </ul>	Organization	
	Individual	
"Organization Name	=	
Individual's First Name		
Additional Name(s)/Initial(s)		
Individual's Surname		
Individual Suffix		
Secured Party Address is the same as Contact Information	○ Yes ● No	
Address Line 1		
Address Line 2	=	
·City/Province/Region	=	
-State	SELECT STATE V	
-Zip/Postal Code		
Country	United States 🗸	ADD ANOTHER SECURED PARTY
CANCEL		BACK CONTINUE

If the Secured Party Type is an *individual*, note that **Individual First Name**, **Individual Last Name**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

<ul> <li>Secured Party Type:</li> </ul>	Organization	
	O Individual	
Organization Name	=	
Individual's First Name		
Additional Name(s)/Initial(s)		
'Individual's Surname		
Individual Suffix		
Secured Party Address is the same as Contact Information	○ Yes ● No	
Address Line 1		
Address Line 2		
·City/Province/Region	=	
-State	SELECT STATE ::: V	
·Zip/Postal Code		
Country	United States	ADD ANOTHER SECURED PART

If the Secured Party Type is an *organization*, note that **Organization Name**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code**, and **Country** are all required fields.

Secured Party Type	Secured Party Name	Actions	
Organization	John Doe Corporation	Edit	Remove
Secured Party Type:	Organization		
	O Individual		
•Туре:	Additional Secured Party     Assignor Secured Party		
Organization Name			
Individual's First Name			
Additional Name(s)/Initial(s)			
"Individual's Surname			
Individual Suffix			
Secured Party Address is the same as Contact Information	○ Yes ● No		
Address Line 1	=		
Address Line 2			
City/Province/Region	=		
State	:::: SELECT STATE :::: 🗸		
Zip/Postal Code			
Country	United States	ADD ANO	THER SECURED PART

If more than one secured party is entered, each secured party name provided by the user is displayed at the top of the page. If the user determines that information for the secured party is incorrect, the user can easily edit or remove the secured party by selecting the appropriate link.

In order to make online filing as efficient as possible, additional secured parties have an option to allow the user to use the same address as provided on the Contact Information page (see 6.01). By selecting "**Yes**" for "Secured Party Address is the same as Contact Information," Address Line 1, Address Line 2, City/Province/Region, State, Zip/Postal Code and Country will be populated with the same information as provided by the user on the Contact Information page.

Once you have finished entering debtors, click the **CONTINUE** button to move to the next step of the filing process.

# 4.04 – Collateral Information

This page allows for the entry or upload of collateral used for security by the secured party(s). The user may type collateral information, paste from text composed in a word processing software (i.e., Word, WordPerfect, Notepad, and WordPad) or upload a file that is in either PDF or TIFF file format.

Collateral (Type [	Description)	INSTRUCTIONS +
You must type collateral OR collateral.	upload collateral information before you can continue filing. Please select	an option below to enter
<ul> <li>Type Collateral Descriptio (Max Length 950 characters)</li> </ul>	n	
O Upload Collateral Document(s)		
State Department of Burden is on the File	Assessments & Taxation is not responsible for the correctness or acceptal r to ensure acceptable collateral is listed (tangible assets).	bility of listed collateral.
The Financing Statement covers the following collateral:		Max length 950 characters.
	~	DD ANOTHER COLLATERAL
CANCEL		BACK CONTINUE

R upload collateral info	ormation before you can conti	inue filing. Please select an option below to en
tion		
	SELECT	+ UPLOAD
IFF format and cannot e	xceed 10 Megabytes. Adding a t	file will increase the number of pages in your
NeCAPTCHA Privacy - Tarma		
	IFF format and cannot e	IFF format and cannot exceed 10 Megabytes. Adding a l

Information provided on this screen is the same information provided in Section 4 of the UCC-1 form and Section 12 of the UCC-1Ad form.

To upload collateral, select the Browse... button and locate the file on your computer you wish to upload and attach to the filing.

		 					_
📀 Open							×
← → ~ ↑ 💻	> This PC		5 V	, Search	This PC		
Organize 👻					• • •		?
✓		*	V Folders (7	7) O Objects			^
Downloads 🔮 Documents 📰 Pictures		* * *	De	⊧sktop			
🗸 🛄 This PC			Do	ocuments			
> i 3D Objects > i Desktop			L De	ownloads			
> U Downloads			р м	usic			
<ul> <li>&gt; Pictures</li> <li>&gt; Videos</li> </ul>			Pie	ctures			1
<ul> <li>Windows (C:)</li> <li>Metwork</li> </ul>		~	Vi	deos			~
	File name:		~	All Files (*.*) Open	)	Cancel	~

Once the file is located, select the file and the click the Open button.

Upload Collateral	Corp-colateral.pdf	+ UPLOAD
	× Remove	
The file must be in PDF or TIF! submission.	F format and cannot exceed 10 Megabytes. Adding a file will increase the number of page	is in your

The file you selected will display in the Upload Collateral box. Click the **UPLOAD** button.

Collateral Text		Actions	
Misc. Assets		Edit	Remove
You must type collateral OR upload collateral.	collateral information before y	ou can continue	filing. Please select an option below to en
<ul> <li>Type Collateral Description (Max Length 950 characters)</li> <li>Unlead Collateral</li> </ul>			
Document(s)			
Burden is on the Filer to en	sure acceptable collateral is lis	ted (tangible asse	ets).
The Financing Statement covers the following collateral:			characters.

If more than one file is uploaded or typed, each collateral entry provided by the user is displayed at the top of the page. If the user determines that information or file associated with the collateral is incorrect, the user can easily edit or remove the collateral by selecting the appropriate link.

*Note:* Uploading one or more files will increase the number of pages in your submission.

Once you have finished entering collateral, click the **CONTINUE** button to move to the next step of the filing process.

#### 4.05 – Additional Information

The Additional Information screen is used capture any information provided under the following fields: "Alternative Designation" [UCC-1 form, Section 7], "This Financing Statement covers" [UCC-1Ad form, Section 14], "Debtor is a" [UCC-1Ad form, Box 10], "Other", "Optional Filer Reference Data" [UCC-1 form, Section 8], and "Upload additional information."

The default value selected for each of these categories is N/A (none). To change, the user simply clicks the selection that is applicable to the filing.

Once you have finished entering additional information, click the **CONTINUE** button to move to the next step of the filing process.

Additional	INSTRUCT	ons 👻
•Collateral is:[if applicable]	<ul> <li>N/A (none)</li> <li>Held in a Trust</li> <li>Being Administered by a Decedent's Personal Representative</li> </ul>	
·Other:[if applicable]	<ul> <li>N/A (none)</li> <li>Public-Finance Transaction</li> <li>Manufactured-Home Transaction</li> <li>A Debtor is a TRANSMITTING UTILITY</li> </ul>	
·Other:[if applicable]	<ul> <li>N/A (none)</li> <li>Agricultural Lien</li> <li>Non-UCC Filing</li> </ul>	
•Alternative Designation: [if applicable]	<ul> <li>N/A (none)</li> <li>Lessee/Lessor</li> <li>Consignee/Consignor</li> <li>Seller/Buyer</li> <li>Bailee/Bailor</li> <li>Licensee/Licensor</li> </ul>	
•This Financing Statement Covers:[if applicable]	<ul> <li>N/A (none)</li> <li>Fixtures</li> <li>Timber</li> <li>Minerals to be Extracted</li> </ul>	
Optional Filer Reference Data:		
Upload additional information:	SELECT	AD
The file must be in PDF or TIF submission.	F format and cannot exceed 10 Megabytes. Adding a file will increase the number of pages in your	
I'm not a robot	reCAPTCHA Privaty - Tarma	
Miscellaneous:		
CANCEL	ВАСК СОК	TINUE

# 4.06 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation's Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary		
Your UCC Filing accuracy.	is not yet complete. Please review the	e information below for
CONTACT INFORMATI	ON	
		EDIT CONTACT
Send Acknowledgment To (Name):	John Doe	
Contact Address:	123 4th Street Baltimore, MD 21201 Country: US	
Contact Name:		
Contact Phone:		
Contact Phone Extension:		
Contact Email Address:	johndoe@email.com	
Contact Email To Appear on Filing:	NO	
DEBTOR INFORMATIO	N	
		EDIT DEBTODIO
		EDIT DEBTOR(S)
Debtor Type:	Individual	EUT DEBTOR(3)
Debtor Type: Individual Name:	Individual Jane Doe	EULI DEBLOR(S)
Debtor Type: Individual Name: Address:	Individual Jane Doe 456 7th Street Baltimore, MD 21201 Country: US	
Debtor Type: Individual Name: Address:	Individual Jane Doe 456 7th Street Baltimore, MD 21201 Country: US	
Debtor Type: Individual Name: Address: SECURED PARTY INFO	Individual Jane Doe 456 7th Street Baltimore, MD 21201 Country: US	
Debtor Type: Individual Name: Address: SECURED PARTY INFO	Individual Jane Doe 456 7th Street Baltimore, MD 21201 Country: US	EDIT DEBITOR(S)
Debtor Type: Individual Name: Address: SEGURED PARTY INFO Secured Party Type:	Individual Jane Doe 456 7th Street Baltimore, MD 21201 Country: US	EDIT DEBIOR(S)
Debtor Type: Individual Name: Address: SECURED PARTY INFO Secured Party Type: Organization Name:	Individual Jane Doe 456 7th Street Baltimore, MD 21201 Country: US DRMATION Organization JOHN DOE CORPORATION	EDIT DEBIOR(S)

			EDIT CO	LLATERAL(
This Financing Statemer	nt covers the following collateral:			
Shoes	j			
ADDITIONAL INFORM	IATION			
			FOILD	FORMATIC
Alternative Designation:	N/A			
Collateral is:	N/A			
This Financing Statement is:	N/A			
Other:	N/A			
Other:	N/A			
Miscellaneous:	N/A			
	D DUDCULLOC			
TIEMS SELECTED FO	R PURCHASE			
ITEM			# of Pages	PRICE
		UCC-1 Filing Fee		1 \$25.
			Character	. \$25

If all of the information in the filing summary is correct, check the **Please Confirm** box and then select the **CONTINUE** button to move to the next step of the filing process.

# 4.07 – FILING FEES PAYMENT

#### PAYMENT

When submitting the filing, you will be taken to a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover credit cards or debit card.

yment Type		4	Transaction Summary	s
	Credit/Debit Card			
	credit bebit card		Need Help? Please complete the Customer Informat	ion 5
stomer Information				
Country *		Complete all required fields [*]		
United States	~			
First Name *	Last Name *			
Company Name				
Address *				
POUPESS 2				
City *	State *			
	Select State	~		
ZIP/Postal Code *				
Phone Number				
Email 🛞				
		Next >		
yment Information				

## 4.08 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user will see a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's Office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Succe	essful - Com	plete Transac	tion Below.	
Documents are PDF files. Get	the Adobe Acrobat Rea	ider here.		
Viewing or printing you	r documents is as	easy as		
View/Print Documents	-	Step 2 View/Print Receipt		

### SAMPLE RECEIPT

receipt				Print Recei
TRANSACTION HISTO	RY			
File ID Number	160311-1218075			
Acknowledge Copy To	test			
Email Address	Test@test.com			
Subscriber Account Name	John Doe			
Subscriber Account Number	2692462			
Filing Date/Time	3/11/2016 12:18 PM			
Filing Date/Time Your Subscriber	3/11/2016 12:18 PM account will reflect that the charge was made by Maryla # of Pag	and.gov	v. Price	
Filing Date/Time Your Subscriber ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryls if of Pag UCC Assignment Filing Fee	and.gov es	v. Price \$25.00	

# SAMPLE ACKNOWLEDGMENT COPY

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional)		SSMENTS & TAXAN	NS	/16/2021		3/16/2016	4:08 FM	1 Pg	1	\$25.00	00.00	\$25.00	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Mr. Spock 234 Winslow Gardens	 ۲	D DEPT. OF ASSE	160316-1608298	apse Date: 03,		ate:	1mo	age Count:	ebtor Count:	iling Fees:	lectronic ecords Access:	otal:	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME	name; do not omit, the Individual Debt	>: modify, o or informa	THE r abbre tion in	H ABO viate a item 10	VE S	PAC t of th Fina	e IS Fe e Debto noing S	Du OR F xr's na tatem	ILING sme); i sent A	G OFF	art of the in m (Form UC	DNLY dividual (C1Ad)	Det
OR Th. INDIVIDUAL'S SURNAME Kirk	FIRST PERSON	AL NAME				Ņ	ADDITIK Tiber	ONAL İUS	NAM	E(S)/IN	ITIAL(S)	SUFF	IX
1c. MAUING ADDRESS 2345 Enterprise Drive	CITY					1	STATE MD	PO 2	STAL	. CODE		LUS	đΒ
3. SECURED PARTY'S NAME (or NAME of ASSIGNCE of ASSIGNOR SECU [3a. ORGANIZATION'S NAME	JRED PARTY): Pro	ovide only	one Se	oured	Party	hame	(3a or 3	(b)	-ormL	. usut			
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME				P	ADDITK	ONAL	NAM	E(S)/IN	ITIAL(S)	SUFF	X
3c. MALING ADDRESS 234 Winslow Gardens	CITY Annapolis					1	state MD	PO 2	I40	. CODE		LUS	
<ul> <li>COLDATEROAL: This triancing statement covers the following consteral:</li> </ul>													
Collateral													

# 5.0 – UCC-3 Amendment

# 5.01 - CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

ontact				IN STRUCTION S 🗢
Send Acknowledgment To (Name)			1	
Contact Name				
Contact Phone Number	()·			
Contact Phone Extension				
Contact Email Address			Included on Original	
Verify Contact Email Address			Do Not Include on     Original Filing	
Address Line 1		=		
Address Line 2				
City/Province/Region		=		
State	SELECT STATE	~		
·Zip/Postal Code				
Country	United States	~		

## 5.02 – FILING NUMBER LOOKUP

The user must indicate whether they are a debtor or secured party making the filing and enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.

#### FILER IS A DEBTOR OR SECURED PARTY

Amendment Req	uest	
•Filing Number •What area would you like to make an amendment to?	O Debtor / Collateral Secured Party / Collateral	
CANCEL		BACK CONTINUE

### 5.03 – Amendment Action

#### **DEBTOR FILER AMENDMENT ACTIONS**

Debtor party filers have the option to amend an existing debtor party(s), add new debtor party(s), and/or amend collateral.

mendme	nt Selection				
Verify the following	ng information is correct:				
Filing Number: Primary Secure Primary Secure	000000181392939 d Party: Any Corporation d Party Type: Organization				
If this information	n is not correct please check the filin	g.number.entered.			
DEBTOR(S)					
Debtor Type	Debtor Name	Address	Status	Action	1
Organization	John Doe Corporation	123 4th Street Anytown, MD 21305 Country: US	N/A	Edit	<u>Delete</u>
Individual	John Doe	567 8th Street Anytown, MD 21305 Country: US	N/A	Edit	Delete
			A	DD NEV	/ DEBTO
COLLATERAL					
Collateral Descr	iption Type		_		
			AME	ND COL	LATER/
AMENDMENT	- PENDING ACTIONS				
Туре	Modified Party	Modification			
CANCEL			BACK	c	ONTINUE

#### SECURED PARTY FILER AMENDMENT ACTIONS

Secured party filers have the option to amend an existing party(s), add new party(s), delete existing party(s) and/or amend collateral.

mendmer	nt Selection				
Verify the following	g information is correct: 000000181392939				
Primary Secured Primary Secured	Party: Any Corporation Party Type: Organization				
SECURED PAR	is not correct please <u>check the hing nur</u>	iber entereg.			
Secured Party Type	Secured Party Name	Address	Status	Assign Party	or Secured
Organization	First Corporation	135 7th Street Any Ordinary Town, MD 20305 Country: US	N/A	EdB	<u>Delete</u>
Organization	Second Corporation	246 8th Street Anytown, MD, 20304 Country: US	N/A	Edt	<u>Delete</u>
Organization	Third Corporation	357 9th Street Anytown, MD, 20304 Country: US	N/A	Edt	<u>Delete</u>
			ADD	NEW S	ECURED PAR
COLLATERAL					
Collateral Descrip	tion Type			AMEN	D COLLATER
AMENDMENT -	PENDING ACTIONS				
Туре	Modified Party	Modification			
					CONTRACT

# 5.04 – AUTHORIZING PARTY

Amendments must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

\utl	horizing Party			
Verif	fy the following information is	correct:		
Filin Prin Prin	ng Number: 0000000181392 nary Secured Party: John D nary Secured Party Type: C is information is not correct p	939 oe Corporation Irganization lease <u>check the filing number entered</u>	,	
AU	THORIZING PARTY(S)	Authorizing Darty Name Tures	Authorizing Darty Name	
0	Debtor	Organization	Jane Doe Corporation	
	Secured Party	Organization	Any Corporation	
CAN	CEL			BACK CONTINUE

# 5.05 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous		
Entering Miscellaneous inform	nation will require an addendum.	
Miscellaneous:		
Upload additional information:	SELECT	+ UPLOAD
The file must be in PDF or submission.	TIFF format and cannot exceed 10 Megabytes. Adding a file wi	ill increase the number of pages in your
I'm not a robot	reCAPTCHA. Prinaly - Turnia	
CANCEL		BACK CONTINUE

# 5.06 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation's Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary			
Your UCC-3 Amo below for accura	endment Filing is not yet complete acy.	. Please review the informatio	n
CONTACT INFORMATI	ION		
		EC	IT CONTACT
Send Acknowledoment	John Doe		
To (Name):			
Contact Address:	123 4th Street Anytown, MD 20305 Country: US		
Contact Name:			
Contact Phone:			
Extension:			
Contact Email Address:	jdoe@email.com		
Contact Email To Appear on Filing:	NO		
FILING REQUEST INF	ORMATION		
		EC	IT REQUEST
Filing Number:	0000000181392939		
Primary Secured Party T	ype: Organization		
Primary Secured Party:	John Doe Corporation		
	DON DENDING ACTIONS		
AMENDMENT SELECT	TION - PENDING ACTIONS	5075 L 115 HOLISH	
		EDIT AMENDMEN	T ACTION(5)
Type M	Additied Party	Modification	
Debtor C	XOE, JANE	Add	
AUTHORIZING PARTY	(S)		
		EDIT AUTHOR	ZING PARTY
Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name	
Debtor	Organization	Jane Doe Corporation	
Optional Filer Reference			
ITEMS SELECTED FO	R PURCHASE		
ITEM		# of Pages	PRICE
	UCC Am	endment Filing Fee	1 \$25.00
		Total Amount to be Charged	\$25.00
<ul> <li>Please Confirm</li> </ul>			
I have verified th	at all of the above information is	correct and complete.	
CANCEL			

# 5.07 – FILING FEES PAYMENT

#### PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

ayment			Transaction Summary	\$25.0
Payment Type		×.		
	Credit/Debit Card		Need Help?	
Customer Information			Please complete the Customer Informati	on Secti
		Complete all required fields [*]		
Country *				
United states				
First Name *	Last Name *			
Company Name				
Address *				
Address 2				
City *	State *			
	Select State	v		
ZIPIPostal Code *				
Phone Number				
Email 🍘				
		Next 3		
Payment Information				

#### 5.08 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's Office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.
Documents are PDF files. Get the Adobe Acrobat Reader here.
Viewing or printing your documents is as easy as
Step 2 View/Print Documents View/Print Receipt

#### SAMPLE RECEIPT

Receipt			
TRANSACTION HISTO	RY		
File ID Number	160311-1218075		
Acknowledge Copy To	test		
Email Address	Test@test.com		
Subscriber Account Name	John Doe		
Subscriber Account Number	2692462		
Filing Date/Time	3/11/2016 12:18 PM		
Filing Date/Time  Your Subscriber  ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryl # of Pag	and.gov	Price
Filing Date/Time  Your Subscriber  ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryl # of Pag UCC Assignment Filing Fee	and.gov es 1	Price \$25.00

JAIVIPLE AUKINUWLEDGIVIENT CUP	SAMPLE	ACKNOWLEDGMENT	Сору
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A.	NAME & PHONE OF CONTACT AT FILER (optional)	16NT	~		6/20	00	-1		\$25.	02		\$25.	
В.	E-MAIL CONTACT AT FILER (optional)	50 S 33			3/1	4							;
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	ASSA	012								1		
1	Napoleon Bonaparte	<sup>5</sup> ا ٦	160	i			ť:	ount	202	000	2		
·	234 Winslow Gardens	. TG30	0316-		:0	:01	te Cour	tor Co	ing Fe	ords 2		al:	
	Annapolis, MD 21401	<sup>®</sup>	16		Dat	Tim	Pag	- B	11	Ele		Tot	1
1a.	INITIAL FINANCING STATEMENT FILE NUMBER	16.	THE This FINA	ABOVE NCING S	TATEM	E IS	MEND	MENT	G OFF T is to b	ICE US	SE ON (for re-	Cord]	-
00	00000181417450		or records Filer: attact	ed) in the Amendm	n REAL WHIT ASS	ESTA'	re Red (Form U	CORD JCC3A	S 4) and p	vovide D	lebtor's	name in	n iter
2.[	TERMINATION: Effectiveness of the Financing Statement identified above is termin Statement	ated with resp	ect to the	security	interest	to (a)	Secure	ed Par	ty auth	orizing	this Te	erminat	Son
3.[	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and add For partial assignment, complete items 7 and 9 and also indicate affected collateral in	ess of Assign item 8	ee in item	7c <u>and</u> /	name of	Assig	nor in i	item 9	)				
4. ľ	CONTINUATION: Effectiveness of the Financing Statement identified above with re-	spect to the s	ecurity int	terest(s)	of Secu	red Pa	irty au	thorizi	ing this	Continu	uation	Statem	ient
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- C													_
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5.[ C	PARTY INFORMATION CHANGE:     AND Check one of these two boxes:     Neck one of these two boxes:     Nis Change affects X Debtor og Secured Party of record	ree boxes to: ndior address fem 7a or 7b	Complete and item 7	c 74	DD nam	e: Con	nplete it n 7c	tern [	DELI	ETE nan deleted	ne: Gi	ve reco n 6a or	rd n Eð
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# 6.0 - UCC-3 Assignment

#### 6.01 - CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

ontact				INSTRUCTIONS +
Send Acknowledgment To (Name)				
Contact Name	L			
Contact Phone Number	()•			
Contact Phone Extension				
Contact Email Address			Included on Original	
Verify Contact Email Address			Do Not Include on Original Filing	
Address Line 1		=		
Address Line 2		=		
		-		
City/Province/Region				
•City/Province/Region •State	SELECT STAT	'E ::: 👻		
•City/Province/Region •State •Zip/Postal Code	SELECT STAT	E V		

## 6.02 – FILING NUMBER LOOKUP

The user must indicate enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filing Number** is a required field.

Assignment F	aquest	
•Filing Number		
CANCEL	BACK CONTINUE	

#### CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.

UCC Filing 00000	00000181392 not found.	
ssignment R	equest	
Filing Number	000000181392899	
CANCEL		BACK CONTINUE

# 6.03 – Assignment Action

Filers have the option to select an existing party to assign collateral, add new debtor(s) to assign collateral or amend the collateral statement.

ssignment	Selection		
Verify the following inf	formation is correct:		
Filing Number: 0000 Primary Secured Par Primary Secured Par	000181392939 rty: John Doe Corporation rty Type: Organization		
If this information is n	ot correct please check the filing numb	er entered.	
SECURED PARTY	(5)		
Secured Party Type	Secured Party Name	Address	Secured Party Assignees
Organization	John Doe Corporation	123 Main Street Anytown, MD 20104 Country: US	0
Organization	James Doe Corporation	456 Main Street Anytown, MD 20104 Country: US	0
Organization	Jane Doe Corporation	789 Main Street Anytown, MD 20104 Country: US	0
			ADD ASSIGNEE
CANCEL			BACK CONTINUE

# 6.04 – COLLATERAL ASSIGNMENT

This page allows for the entry of a collateral assignment. The user selects the assignment type and provides the collateral that is being assigned. Information provided on this screen is the same information provided in Box 8 of the UCC-3 form and Box 13 of the UCC-3Ad form. Note that **Assignment Type** and **Please provide the collateral you are assigning** are required fields.

Collateral (Type Description)	INSTRUCTIONS +
Please select an option below to enter collateral.	
Type Collateral Description	
O Upload Collateral Document(s)	
State Department of Assessments & Taxation is not responsible for the correctness or acceptate Burden is on the Filer to ensure acceptable collateral is listed (tangible assets).	bility of listed collateral.
Please provide the collateral you are assigning	Max length 950 characters.
CANCEL	BACK CONTINUE
Collateral (Upload Documents)	INSTRUCTIONS -
, lease select on share, select selection	

Please select an option belo	w to enter collateral.		
O Type Collateral Description	n		
<ul> <li>Upload Collateral Document(s)</li> </ul>			
Upload Collateral		SELECT	+ UPLOAD
The file must be in PDF or TIF submission.	F format and cannot e	xceed 10 Megabytes. Adding a	file will increase the number of pages in your
I'm not a robot	NCAPTCHA. Priscy - Terra		
CANCEL			BACK CONTINUE

# 6.05 – AUTHORIZING PARTY

Assignments must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

utl	norizing Party			
Verif	y the following information is	correct:		
Filin Prin Prin	g Number: 0000000181392 hary Secured Party: John E hary Secured Party Type: C s information is not correct p	1939 Doe Organization Organization lease <u>check the filing number entered</u>	L.	
AU	THORIZING PARTY(S)			
#	Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name	
0	Secured Party	Organization	John Doe Organization	
0	Secured Party	Organization	James Doe Organization	
0	Secured Party	Organization	Jane Doe Organization	
0	Other	(Enter Name in textbox>>>)		
CAN	CEL			BACK CONTINUE

## 6.06 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous:		
Upload additional	SELECT	+ UPLOAD
information:		
information: The file must be in PDF o submission.	TIFF format and cannot exceed 10 Megabytes. Adding a file will increa	ase the number of pages in your

# 6.07 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation's Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary				
Your UCC Assign for accuracy.	nment Filing is not yet com	plete. Please review the info	rmation be	low
CONTACT INFORMATIO	ON			
			EDIT	CONTACT
Send Acknowledgment To (Name):	John Doe			
Contact Address:	123 Main Street Anytown, MD 20405 Country: US			
Contact Name:				
Contact Phone:				
Contact Phone Extension:				
Contact Email Address:	jdoe@email.com			
Contact Email To Appear on Filing:	NO			
FILING REQUEST INFO	DRMATION			
			EDIT	REQUEST
Filing Number:	0000001813	92939		
Primary Secured Party Ty	pe: Organization			
Primary Secured Party:	John Doe Co	rporation		
AUTHORIZING PARTY	(\$)	EDIT	AUTHORIZI	ING PARTY
Authorizing Party Type A	uthorizing Party Name Type	Authorizing Party Name		
Secured Party C	Organization	Jane Doe Corporation		
ASSIGNMENT PENDIN	G ACTION(S)			
		EDIT ASSIGN	IMENT SEL	ECTION(S)
Secured Party Type	Secured Party Name			
Organization	James Doe Corporation			
Optional Filer Reference Data:				
ITEMS SELECTED FOR	R PURCHASE			
ITEM		# P	of ages	PRICE
		UCC Assignment Filing Fee	1	\$25.00
		Total Amount to be	Charged:	\$25.00
- Please Confirm				
I have verified the	at all of the above informa	ation is correct and complete	te.	
CANCEL				

# 6.08 – FILING FEES PAYMENT

#### PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

			UCC-1 Filing Fer	: 53
ayment Type		1	Transaction Summary	\$2
	Credit/Debit Card			
	credibbebit card		Need Help? Please conciete the Customer Inform	ation Ser
ustomer Information				
Country *		Complete all required fields [*]		
United States	u l			
First Name *	Last Name *			
Company Name				
Address *				
Address 2				
City 1	étata t			
	Select State	~		
ZIP/Postal Code *				
Phone Number				
Email 🛞				
		Next >		
syment Information				
### 6.09 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user will see a PAYMENT SUCCESSFUL screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Succ	essful - Com	plete Transac	tion Below.	
Documents are PDF files. Ge	t the Adobe Acrobat Rea	ader here.		
Viewing or printing you	ur documents is as	easy as		
Step 1 View/Print Documents	-	Step 2 View/Print Receipt		

#### SAMPLE RECEIPT

Receipt			
TRANSACTION HISTO	RY		
File ID Number	160311-1218075		
Acknowledge Copy To	test		
Email Address	Test@test.com		
Subscriber Account Name	John Doe		
Subscriber Account Number	2692462		
Filing Date/Time	3/11/2016 12:18 PM		
Your Subscriber     Your Subscriber     ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Mary # 0 Pa	rland.gov of ges	Price
Filing Date/Time  Your Subscriber  ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Mary # 0 Pa UCC Assignment Filing Fee	rland.gov of ges 1	Price \$25.00

SAMPLE	ACKNOWLEDGMENT	COPY
		COLL

U( FOI		VIS 6 TAXATI	NS	1	2016	7 PM	2 Pg	2.00		0.00	5.00	
A. B.	EMAIL CONTACT AT EILER (optional)	SSMED			\$/16/	3.5		23	2	65	\$2	
		SSB	025		03							
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	_ 30	557(				. ;			999		
	Maurice Minor	۲ I	11				unt:	Feet	-	No.		
	234 Winslow Gardens	DEP'	316				8	2	tro.	ords		
۱.	Annapolis, MD 21401	1 8	160		Date	Time	Page	FIL	Elec	Rec	Tote	
Ľ			THE	ABOVE	SPAC	EISF	OR FI	LING	OFFICI	E USE (	ONLY	
1a. 00	INITIAL FINANCING STATEMENT FILE NUMBER 00000181417450	16.	This FINAN or recorde	(CING ST d) in the I	REAL I	ENT A ESTAT	E RECO	DRDS	s to be f	filed (for i	record]	
2.[	TERMINATION: Effectiveness of the Financing Statement identified above is term Statement	nated with resp	ect to the	security is	nterest	(s) of 1	iecured	Party	authoria	zing this	Termin	ation
3.[]	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and ad For partial assignment, complete items 7 and 9 and also indicate affected collateral	fress of Assign	ee in item	7c <u>and</u> na	ame of	Assign	or in its	e m				
			and the last	erest(s) o	f Secu	red Pa	ty auth	orizing	this Co	ntinuatio	on State	
4.	CONTINUATION: Effectiveness of the Financing Statement identified above with	respect to the s	econity into									i men
4.[	CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law	respect to the s	econy in									emen
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4.[ 5.[ 7 6. 6	CONTINUATION: Effectiveness of the Financing Statement identified above with     continued for the additional period provided by applicable law     PARTY INFORMATION CHANGE:     heck ggg of these two boxes:         CHANGE name     his Change affects	three boxes to: and/or address id tem 7a ce 7b	Complete and item 70	- 7a-	O name or 7b, a	:: Com ind iten	plete ite i 7c	<sup>m</sup> 🗌	DELETI to be de	[ name:   leted in it	Give rec tem 6a c	cord r
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4. [ 5. [ 7. 6. 6 0 R 7. 6 0 R 7. 6	CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: heck gog of these two boxes: CHANGE arms his Change affects	three boxes to: andice address of deen 7a ce 7b de Only <u>Originan</u> ERSONAL NAM provide only <u>originan</u>	Complete and item 7c e (6a or 62 IE ame (7a or 75	a AD 7a ( ))	0 name	ADDIT ADDIT IN: 60 NO STATE	Diete Re Te Ionit no E port	MAME(	DELETI to be de (SynterTu abbreviate	[ name: in the second	Give rec lem Ba c SUFI	FIX
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4.[ 5.[ 0 7. 0 0 7. 0 0 7. 0	CONTINUENT DEPENDENT OF Printing Statement identified above with     continued for the additional period provided by applicable law     PARTY INFORMATION CHANGE:     AND Check one of these of the second law     PARTY INFORMATION CHANGE:     AND Check one of these of the second law     PARTY INFORMATION CHANGE:     ADD CONTINUENT RECORD INFORMATION: Complete for Party Information Change - prov     Ga. ORGANIZATION'S NAME     EVENT RECORD INFORMATION: Complete for Party Information Change - prov     Ga. ORGANIZATION'S NAME     EVENT FORMATION': Complete for Assignment of Party Information Change     Ta. ORGANIZATION'S NAME     PRINCIPIS CAPITAL LLC.     To. INDIVIDUAL'S SURNAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)     MAILING ADDRESS     CITY     COLLATERAL CHANGE: Also check one four boxes: ADD collateral     Indicate collateral:     OICIDATERAL	three boxes to: andice address of them 7 a control of entry one name provide only one n provide only one n	Complete and item 7c e (6a or 62 HE ame (7a or 75	5 7a ( ))	O name or 70, a	E Com ad čen ADDIT R: do no STATE	ionit no	m	DELETI to be de (S) INITU abbreviate	[ name: lefed in it AL(S) any part of	Give rec tem 6a c SUFI (be Debt	FIX FIX
4.[ 5.[ 0 7. 0 0 7. 0 8.[ C	CONTINUENTION CHANGE:     AND Check ggg of these four boxes:     ADD collateral     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	three boxes to: andice address of Rem 74 or 20 million ERSONAL NAM provide only one n	Complete and item 7c e (6a or 62 HE ame (7a or 73	5 7a ( ))	0 name or 7b, g	E Com ad den ADDIT Re: do no STATE	IONAL 1	MAME( dby, or a	DELETH to be de (S) INITU abbreviate	[ name: leted in it AL(S) any part of	Give rec tem 6a c SUFI (the Debt	FIX FIX FIX NTR
4.[ 5.[ 7. 0 0 7. 0 8.[ 7. C	CONTINUATION: Effectiveness of the Financing Statement identified above with     continued for the additional period provided by applicable law     PARTY INFORMATION CHANGE:     heck gog of these two boxes:         AND Check gog of these         CHANGE name     hen 6a or g Secured Party of record         And Change - prov     fa. ORGANIZATION'S NAME         EIRBT F         CHANGE ADDED INFORMATION: Complete for Party Information Change - prov     fa. ORGANIZATION'S NAME         EIRBT F         PRINCIPIS CAPITAL LLC.         To. INDIVIDUAL'S SURNAME         INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(5)         MALING ADDRESS         CITY         COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral         Indicate collateral:         OIlateral	three boxes to: andice address of them 7 a control of them 7 a control of the 7 a control of them 7 a control of the 7 a control of them 7 a control of the 7 a control of	Complete and item 70 ie (6a or 62 iE ane (7a or 72	s AD 7a ( ))	O name or 7b, g	E Com ADDIT ADDIT E do no STATE	IONAL I	MAME( dby, or a	DELETI to be de (SynNiTU abbreviate	AL(S)	Give rec tem 6a o SUFI I the Debt	FIX
4.[ 5.[ 7.6.0 0R 7.6 0R 7.6 0R	CONTINUATION: Effectiveness of the Financing Statement identified above with continued to the additional period provided by applicable law         PARTY INFORMATION CHANGE:         back gog of these two boxes:	three boxes to: andige address of them 7 a control of entry one name ERSONAL NAM provide only one n provide only one n	ETE collat	and the second s	O name	E: Com ADDIT ADDIT E: do no STATE	IONAL I	m	DELETI to be de (S) INITU abbreviate	E name: heled in h AL(S) any part of X A	Give rec tem 6a o SUFI 1 the Debt	FIX FIX FIX
4.[ 5.[ 7. ( 0R 7. ( 0R 7. ( 0R	CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law         PARTY INFORMATION CHANGE:         back gog of these two boxes:	three boxes to and ge address to and ge address to the s and ge address to the s of the second secon	ETE collat	a AD	O name	E: Com ADDIT ADDIT E: do no STATE	ionit no	m	DELETI to be de (\$)INITU abbreviate	E name: Inteled in the AL(S) any part of X A	Give rec tem 6a o SUFI fibe Debb	FIX
4. [ 5. ] 6. 0 0 7. 0 0 7. 0 0 7. 0	□ CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law         □ PARTY INFORMATION CHANGE:         heck gog of these two boxes:	three boxes to: andice address of deen 74 or 25g name ERSONAL NAM provide only one n provide only one n provide only one n DEL	EComplete and item 7c e (6a or 62 IE ame (7a or 75 ETE collat	eral	O name or 7b, a	ADDIT ADDIT STATE STATE	Pote Bo 7c	m	DELETI to be de (S)1NITU abbreviate	AL(S) any part of	Give rec tem 6a c SUFI (the Debt	FIX FIX
4. [ 5. ] 6. 0 7. 0 0 7. 0 0 7. 0	□ CONTINUATION:       Effectiveness of the Financing Statement identified above with continued to the additional period provided by applicable law         □ PARTY INFORMATION CHANGE:	three boxes to andige address of see 74 or of the Provide only one name erssonAL NAM provide only one n provide only one n	ETE collat	eral	O name or 7b, a	E: Com ADDIT ADDIT E: do no STATE	ionit no cont no cont no cont no cont no	m	DELETI to be de (Synwittu abbreviate coDE	E name: Inteled in the AL(S) any part of INTELEX	Give rec tem 6a o SUFI fibe Debb	FIX FIX FIX NTR colla
4. [ 5. ] 6. 0 7. 0 7. 0 8. [ 9. 1 1 0 0	CONTINUENT DATES INTO A DESTINATION CHANGE:     Continued to the additional period provided by applicable law     PARTY INFORMATION CHANGE:     MAD Check one of these two bases:     MAD Check one of these two bases:     MAD Check one of these two bases:     CHANGE rame     Mem 6a of the detore of secured Party of record mem 6a of these     CHANGE rame     Mem 6a of the detore of secured Party of record memory of these     CHANGE rame     Mem 6a of the detore of secured Party of record memory     Ga. ORGANIZATION'S NAME     FIRST F     CHANGED OR ADDED INFORMATION: Complete for Party Information Change - prov     Ga. ORGANIZATION'S NAME     PRINCIPIS CAPITAL LLC.     To. INDIVIDUAL'S SURNAME     INDIVIDUAL'S SURNAME     INDIVIDUAL'S SURNAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S ADDITIONAL NAME(SUNITIAL(S)     MALING ADDRESS     CITY     Indicate collaterat:     OILATERAL CHANGE: Also check one four boxes: ADD collaterat     Indicate collaterat:     OILATERAL CHANGE: Also check one of these four boxes: ADD collaterat     Indicate collaterat:     OILATERAL CHANGE: Also check here and provide name of a     Ga. ORGANIZATION'S NAME     Saac     MAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMI     this is an Amendment authorized by a DEBTOR, check here and provide name of a     Ga. ORGANIZATION'S NAME     Saac     MAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMI     this is an Amendment authorized by a DEBTOR, check here and provide name of a     Ga. ORGANIZATION'S NAME     Saac     MAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMI     this is an Amendment authorized by a DEBTOR, check here and provide name of a     Ga. ORGANIZATION'S NAME     Saac     MAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMI     This is an Amendment authorized by a DEBTOR, check here and provide name of a     Ga. NORGANIZATION'S NAME     Saac     MAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMI	ERSONAL NAM	ETE collat	eral	O name or 7b, a	E: Com and Ren ADDIT M: do no STATE ESTATI	Ploto Ro 7c	m	DELETI to be de (Synwitz) abbreviate code totral	AL(S)	Give receiver no of the Debt	FIX

# 7.0 – UCC-3 CONTINUATION

This option is used to file a continuation to extend the lapse period for the filing. The UCC-3 can be filed within six months before the expiration of the five-year period. If a UCC-3 is not filed before the end of the five-year period, the financing statement lapses, and the security interest becomes unperfected. A UCC-3 <u>cannot</u> be filed after the lapse date.

The UCC-3 Continuation filing is divided into several web pages. Each page allows for the entry of a specific type of information. Please do not place your social security number on a UCC filing or any other document you submit to the Maryland State Department of Assessments and Taxation. Although we attempt to prevent disclosure of social security numbers, we cannot guarantee that a social security number placed on a document will not be disclosed due to the large number of documents filed. It is the responsibility of the filer to ensure that a social security number is not contained on the filing. Please note that all information entered on the following screens will be displayed on copies of the filing. Filings may be viewed by the public and requested copies may also be made available.

### 7.01 - CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that Send Acknowledgment To (Name), Contact Email Address, Verify Contact Email Address, Address Line 1, City/Province/Region, State, Zip/Postal Code and Country are all required fields.

Send Acknowledgment To (Name)			=	1	
Contact Name					
Contact Phone Number	()·				
Contact Phone Extension					
Contact Email Address				Included on Original	
Verify Contact Email Address				<ul> <li>Do Not Include on Original Filing</li> </ul>	
Address Line 1		=			
Address Line 2					
City/Province/Region		=			
State	SELECT ST	ATE 💠 👻			
Zip/Postal Code		=			
Country	United States	~			

### 7.02 - FILING NUMBER LOOKUP

The user must indicate whether they are a debtor or secured party making the filing and enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.

Continuation I	Request	
•Filing Number		
CANCEL		BACK CONTINUE

#### INELIGIBLE FOR CONTINUATION

If the filing number entered is ineligible for continuation because the original filing has lapsed or is not in the sixmonth window of the filing lapsing, the user will be provided a message that the filing is not eligible to be continued.

UCC Filing 00000 six months of the	00181392930 is Lapsed and not eligible for Continuation to be filed. Continuation may only be filed within maturity date of the filing (04/12/2015).
Continuation	Request
•Filing Number	000000181392930
CANCEL	BACK CONTINUE

#### **CANNOT LOCATE FILING NUMBER**

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.

ontinuation Re	quest	
Filing Number	0000001813929	

### 7.03 – AUTHORIZING PARTY

Continuations must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

1	PLEASE NOTE: A Continu 4/12/2025) will not update Continuation request is fil	ation filed outside the statutory 6-n the Lapse Date, and you will NOT b ed no sooner than 10/12/2024.	nonth window (the 6 months pri e eligible for a refund of that fili	or to the current Lapse Date of ng. Please be sure that any
Autł	horizing Party			
Verif Filin Prim Prim	y the following information is g Number: 0000000181392 ary Secured Party: John D ary Secured Party Type: O s information is not correct pi	correct: 939 oe Corporation rganization lease <u>check the filing number entered</u>		
AU	THORIZING PARTY(S)			
#	Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name	
0	Debtor	Organization	Jane Doe Corporation	
CAN	CEL			BACK CONTINUE

### 7.04 – MISCELLANEOUS

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

-		
Miscellaneous:		
Upload additional information:	SELECT	+ UPLOAD
The file must be in PDF or submission.	TIFF format and cannot exceed 10 Megabytes. Adding a file will increas	e the number of pages in your

## 7.05 – FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation's Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary			
Your UCC Contin below for accura	nuation Filing is not yet completey.	ete. Please review the information	n
CONTACT INFORMATI	ON		
		Ξ	DIT CONTACT
Send Acknowledgment	John Doe		
Contact Address:	123 Main Street Anytown, MD 20105 Country: US		
Contact Name:			
Contact Phone:			
Contact Phone Extension:			
Contact Email Address:	jdoe@email.com		
Contact Email To Appear on Filing:	NO		
FILING REQUEST INFO	ORMATION		
		E	DIT REQUEST
Filing Number:	0000001813929	39	
Primary Secured Party Ty	/pe: Organization		
Primary Secured Party:	John Doe Corpor	ration	
AUTHORIZING PARTY	(5)		
		EDIT AUTHOR	TINC PADTY
		EOT AUTHOR	DANG PARTY
Authorizing Party Type	Authorizing Party Name Type	e Authorizing Party Name	
Debtor	Organization	Jane Doe Corporation	
Optional Filer Reference Data:			
ITEMS SELECTED FO	R PURCHASE		
ITEM		# of Pages	PRICE
	UCC	Continuation Filing Fee	1 \$25.00
		Total Amount to be Charged	l: \$25.00
Please Confirm	at all of the above information	n is correct and complete.	
CANCEL			

## 7.06 – FILING FEES PAYMENT

### PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

yment			UCC-1 Filing Fee \$
-			Transaction Summary \$2
ayment Type		× .	
Cr	edit/Debit Card		Need Help?
ustomer Information			Please complete the Customer Information Se
		Complete all required fields [*]	
Linited States			
First Name *	Last Name *		
Company Name			
Address *			
Address 2			
City *	State *		
	Select State	~	
ZiPiPostal Code *			
Phone Number			
Email			
E'urde 🔍			
		_	
		Next >	
syment information			

### 7.07 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's Office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Complete Transaction Below.
Documents are PDF files. Get the Adobe Acrobat Reader here.
Viewing or printing your documents is as easy as
Step 2 View/Print Documents View/Print Receipt

#### SAMPLE RECEIPT

Receipt			
TRANSACTION HISTO	RY		
File ID Number	160311-1218075		
Acknowledge Copy To	test		
Email Address	Test@test.com		
Subscriber Account Name	John Doe		
Subscriber Account Number	2692462		
Filing Date/Time	3/11/2016 12:18 PM		
Your Subscriber     Your Subscriber     ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryla # of Pag	and.gov	Price
Filing Date/Time  Your Subscriber  ITEMS PURCHASEO  Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryla # of Pag UCC Assignment Filing Fee	es	Price \$25.00

SAMPLE ACKNOWLEDGMENT C	COPY
-------------------------	------

FO A. B.	CC FINANCING STATEMENT AMENDMENT LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) E-MAIL CONTACT AT FILER (optional)		ISSMENTS & TAXAT NS	/01/2021	3/16/2016	3:52 PM 1 Pc	0	\$25.00	00.05		\$25.00	1011010
c.	SEND ACKNOWLEDGMENT TO: (Name and Address) Jane Saw 234 Winslow Gardens		0 DEPT. OF ASSE 50316-1552417	ipse Date: 04	te:	me: de Count:	btor Count:	ling Fees:	ectronic cords Access:		tal:	
Ľ	Annapolis, MD 21401		р т н	E ABOV	E SPAC	EISFO	RFILI	ದ NG OFI	្មី ខ្ល FICE US	E ON	۴ LY	
1a. 00	INITIAL FIRANCING STATEMENT FILE NUMBER 000000181417450	1b.L	(or recor	ded) in th	e REAL	ESTATE	RECOR	NT is to IDS	De filed (	for rec	ord)	
2.[	TERMINATION: Effectiveness of the Financing Statement identified above is ter Statement	minated with re	espect to th	te securit	r interes	t(s) of Se	cured P	anty aut	horizing t	this Te	rminat	ion
3.[	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and also indicate affected collater	ddress of Assig I in item 8	ignee in ite	m 7c <u>and</u>	name of	Assignor	in item	9				
4.[	CONTINUATION: Effectiveness of the Financing Statement identified above will continued for the additional period provided by applicable law	h respect to the	e security i	interest(s)	of Secu	red Party	authori	izing this	s Continu	ation 1	Statem	ent
	Check one of these two boxes: OKANGE nan	e andior addres	····	· ·	00	e: Comele	ne item	061	ETE oar	e: Giv	e recor	d n
6. 0	this Change anects Usector of Social	<u>and feen 7a or 7</u> vide only <u>one</u> ni	To and item	7c ) (7b)	a or 7b, j	and item 7	c	to b	e deleted	in dem	i ca or	
6. 0	Ins Change anects	and loom 7a or 7 vide only <u>one</u> na PERSONAL N	AME	(7c ) (b)	a or 7b, j	ADDITIO	o NAL NA	ME(S)1	e deleted	) [	SUFFC	x
6. 0 0R 7. 0	This Change anects Dector of Society of Party of record  Line to a of 60,  CURRENT RECORD INFORMATION: Complete for Party Information Change - pro  Ga. ORGANIZATION'S NAME  CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Information Chan  Ta. ORGANIZATION'S NAME  Ta. ORGANIZATION'S NAME	and feet 7a of 7 side only <u>one</u> nu PERSONAL N/ e - provide only <u>ox</u>	Anne (Sa or Anne (Sa or Anne Anne Anne (Ta or	76 () 60) 73) (use ex	act ful nam	ADDITIO	n AL NA	ME(Syn	NITIAL(S)	)	SUFFC	x
6. 0 OR 7. 0	This Change anects	end form 74 og 7 Nde only o <u>ne</u> ni PERSONAL N/ e - provide only <u>op</u>	To and item name (6a or AME g name (7a or	70 (1) 6b) (7b)(use ex	a or 7b, j	ADDITIC	o NAL NA	ME(S)11	e deleted NITIAL(S)	) at of the	SUFFC	x
0R 7. 0 0R	Institution of the second server of record server of the serv	end own Za or 7 wide only <u>one</u> nu PERSONAL N/	Anne (fa or Anne (fa or Anne (fa or	70 (1) 6b) (7b) (use ex	act ful nam	ADDITIC	n NAL NA	ME(S)/II	e deleted NITIAL(S)	)	SUFFC	x
0R 0R 7. 0	Instructure anexis in the order of a second party of record CURRENT RECORD INFORMATION: Complete for Party Information Change - pro fa. ORGANIZATION'S NAME 66. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chan 7a. ORGANIZATION'S NAME 75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	PERSONAL N/	to and the series of the serie	70 (1) 60) (70) (100 ex	a or 7b, j	ADDITIC	e NAL NA nit, modéj	ME(S)/II	e deleted	) at of be	SUFFC	x sna
0R 7. 0 0R 7c.	Instituting anexes	PERSONAL N/	Dample Complex hame (Ba or DAME	(7:) (	a or 7b, j	ADDITHO ADDITHO ME: do not o	POST/	ME(S)	e deleted	) in term	SUFFC Deter	x sna
6. 0 OR 7. 0 OR 8. [	Ins Change anecs Updoor of Solution Party of record CURRENT RECORD INFORMATION: Complete for Party Information Change - pro [a. ORGANIZATION'S NAME 66. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Conclete for Assignment of Party Information Chan 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME 17b. INDIVIDUAL'S FIRST PERSONAL NAME 1NDIVIDUAL'S FIRST PERSONAL NAME 1NDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS CITY COLLATERAL CHANGE: Align check gog of these four boxes: ADD collant Indicate collateral:	PERSONAL N/	DELETE col	(7c ) (6b) (7b) (use ex	ect, full nam	ADDITIO	NAL NA mt. nodij	ME(S)11	e deleted	) at of the	SUFFC Debtor	x sna x TRO
7. 0 OR 7. 0 0 8. [ 9. 1	Institution of the second of	PERSONAL N/ rol DI MENT: Provide authorizing Det	DELETE col	(7c ) (6b) (7b)(use ex lateral	act, Mi nar	ADDITIO	POST/	ME(S)10 ME(S)10 AL COD	e deleted NITIAL(S) viate any po	) at of be	SUFFC	x

# 8.0 – UCC-3 TERMINATION

### 8.01 - CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-3 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

Send Acknowledgment To (Name)			Ĩ	
Contact Name				
Contact Phone Number	()			
Contact Phone Extension				
Contact Email Address			O Included on Original	
Verify Contact Email Address			Do Not Include on     Original Filing	
Address Line 1		=		
Address Line 2				
City/Province/Region		-		
-State	SELECT STATE	•		
-Zip/Postal Code				
Country	United States	~		

### 8.02 – FILING NUMBER LOOKUP

The user must indicate whether they are a debtor or secured party making the filing and enter the Filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.

Termination F	Request	
•Filing Number		
CANCEL		BACK CONTINUE

#### CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.

UCC Filing 00000	001813929 not found.	
Termination F	equest	
Filing Number	0000001813929	
CANCEL		BACK CONTINUE

## 8.03 – AUTHORIZING PARTY

Terminations must be authorized by a secured party or debtor. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 9 of the UCC-3 form.

Verif	y the following information is	correct			
Filin Prim Prim	g Number: 0000000181392 ary Secured Party: John D ary Secured Party Type: C	939 be Corporation Irganization			
f this	s information is not correct p	lease check the filing number entered	ļ.		
f this	s information is not correct p THORIZING PARTY(S)	lease check the filing number entered	l.		
f this AU	s information is not correct p THORIZING PARTY(S) Authorizing Party Type	lease <u>check the filing number enterec</u> Authorizing Party Name Type	l. Authorizing Party Name		
f this AU #	s information is not correct p THORIZING PARTY(S) Authorizing Party Type Debtor	lease <u>check the filing number entered</u> Authorizing Party Name Type Organization	Authorizing Party Name Jane Doe Corporation	_	-

### 8.04 – Miscellaneous

The user has an opportunity to enter miscellaneous information. Doing so requires an addendum to be uploaded.

Miscellaneous		
Entering Miscellaneous informati	on will require an addendum.	
Miscellaneous:		
Upload additional information:	SELECT	- UPLOAD
The file must be in PDF or TI submission.	F format and cannot exceed 10 Megabytes. Adding a file will	I increase the number of pages in your
l'm not a robot	ceCAPTCHA Privagi - Tarria	
CANCEL		BACK CONTINUE

## 8.05 - FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the Maryland State Department of Assessments and Taxation's Office. The user selects the appropriate **EDIT** button to change information previously entered.

Summary			
Your UCC Termin for accuracy.	nation Filing is not yet complete. P	lease review the information be	low
CONTACT INFORMATI	ON		
		EDIT	CONTACT
Send Acknowledgment To (Name):	John Doe		
Contact Address:	123 Main Street Anytown, MD 20105 Country: US		
Contact Name:			
Contact Phone:			
Contact Phone Extension:			
Contact Email Address:	jdoe@email.com		
Contact Email To Appear on Filing:	NO		
FILING REQUEST INFO	DRMATION		
		EDIT	REQUEST
Filing Number:	0000000181392939		
Primary Secured Party Ty	pe: Organization		
Primary Secured Party:	John Doe Corporatio	n	
AUTHORIZING PARTY	(5)		
		EDIT AUTHORIZI	NG PARTY
Authorizing Party Type	Authorizing Party Name Type	Authorizing Party Name	
Debtor	Organization	Jane Doe Corporation	
Optional Filer Reference Data:			
ITEMS SELECTED FOR	R PURCHASE		
ITEM		# of	PRICE
		Pages	
	UCC Con	tinuation Filing Fee 1	\$25.00
		Total Amount to be Charged:	\$25.00
Please Confirm			
I have verified the	at all of the above information is	correct and complete.	
CANCEL			

## 8.06 – FILING FEES PAYMENT

### PAYMENT

When submitting the filing, you will be taken a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

ayment			UCC-1 Filing Fee \$25.0
Payment Type		×	Transaction Summary \$26.0
	Credit/Debit Card		Need Help?
Customer Information		_	Please complete the Customer Information Section
Customer Information			
Country *		Coublese as reduced record -1	
United States	w.		
First Name *	Last Name *		
Company Name			
Address *			
Address 2			
City *	State *		
	Select State	~	
ZIP/Postal Code *			
Phone Number			
Email 🕐			
		Next 3	
Payment Information			

### 8.07 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Succe	essful - Com	plete Transac	tion Below.	
Documents are PDF files. Ge	t the Adobe Acrobat Rea	ider here.		
Viewing or printing you	r documents is as	easy as		
Scep 1 View/Print Documents	-	Step 2 View/Print Receipt		

#### SAMPLE RECEIPT

Receipt			
TRANSACTION HISTO	RY		
File ID Number	160311-1218075		
Acknowledge Copy To	test		
Email Address	Test@test.com		
Subscriber Account Name	John Doe		
Subscriber Account Number	2692462		
Filing Date/Time	3/11/2016 12:18 PM		
Your Subscriber     Your Subscriber     ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Mary # 0 Pa	rland.gov of ges	Price
Filing Date/Time  Your Subscriber  ITEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Mary # 0 Pa UCC Assignment Filing Fee	rland.gov of ges 1	Price \$25.00

SAMPLE	ACKNOWLEDGMEN	τ Γοργ
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Α.	NAME & PHONE OF CONTACT AT FILER (optional)		SMEN			16/2	3:48	-	\$25	1	\$	\$25	1212
В.	E-MAIL CONTACT AT FILER (optional)		SES	13		3							
c.	SEND ACKNOWLEDGMENT TO: (Name and Address)		F AS	480							: : ::::::::::::::::::::::::::::::::::		
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	234 Winslow Gardens		DEPT	0316	İ	:0	:0	tor C	ing F	ctron	ords	al:	
	Annapolis, MD 21401		QW	16		Dat	Tim	de de	E11	Ele	Rec	Tot	1
1a.	INITIAL FINANCING STATEMENT FILE NUMBER	16.	Th:	THE A	CING ST	ATEM	E IS F	ENDME	ING OF	FICE U	JSE O	NLY (cord)	_
00	00000181417450		(or File	recorded m attach /	in the I mendme	REAL E	ESTATE	RECOR	RDS 3Ad) and	provide	Debtor's	s name i	s idee
2.[	TERMINATION: Effectiveness of the Financing Statement identified above is termi Statement	nated with	respec	t to the s	ecurity is	nterest	(s) of S	icured P	Party aut	horizing	g this T	'ermina'	Son
3.[	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and ad For partial assignment, complete items 7 and 9 and also indicate affected collateral is	fress of As hitem 8	ssignee	in item 7	'c <u>and</u> na	ime of	Assigne	r in iten	n 9				
4.[	CONTINUATION: Effectiveness of the Financing Statement identified above with	espect to	the sec	ourity inte	rest(s) o	f Secur	red Part	y author	rizing thi	s Contir	nuation	Staten	sent
_	continued for the additional period provided by applicable law		_										
5.[	PARTY INFORMATION CHANGE: AND Check one of these	type boxe											
-	Areck goe of these two boxes:	and for addr	ress C	omplete	A0	D name	Comp	iete item		LETE na	ame: G	ive reco	rd n
	his change anecisbecore Party or recordnem ta or to, g	g own /a c	- C - C - C - C - C - C - C - C - C - C		- 1. The second s			06	1 130 5	De Cecese	eg in ide	m ca or	te.
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6. 0R 0R 7. 0R 7c. 8. [ 9.	Ga. ORGANIZATION'S NAME     Go. INDIVIDUAL'S SURNAME     FIRST P     CHANGED OR ADDED INFORMATION: Concluse for Assignment of Party Information Change - press     First Personal INFORMATION: Concluse for Assignment of Party Information Change     To. INDIVIDUAL'S SURNAME     INDIVIDUAL'S SURNAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S FIRST PERSONAL NAME     INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)     MAILING ADDRESS     CITY     COLLATERAL CHANGE: Also check one of these four boxes: ADD collatera     Indicate collateral:     NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDME     fins is an Amendment authorized by a DEBTOR, check here and provide name of as     Sa. ORGANIZATION'S NAME     Gordon     NUMEDIAL'S SURNAME	ERSONAL provide only NT: Prov thorizing C	DELET	(Ba or 66) e (Ta or 76)	Luse exact	54 nem	ADDITH e: do not STATE STATE	POST eovered	AAME(S)1 5, or abbre (AL COD) collater:	NETIAL( viate any	(s) part of the second	SUFFI SUFFI COUN SIGN c	X
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# 9.0 - UCC-5, INFORMATION STATEMENT

### 9.01 - CONTACT INFORMATION

The first screen is used to document the name and contact information of the individual or organization filing the financing statement. This is the information provided in Boxes A, B and C of the UCC-1 form. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, **Verify Contact Email Address**, **Address Line 1**, **City/Province/Region**, **State**, **Zip/Postal Code** and **Country** are all required fields.

Send Acknowledgment To (Name)			=		
Contact Name					
Contact Phone Number	(				
Contact Phone Extension					
Contact Email Address				Included on Original Filing	
Verify Contact Email Address				Do Not Include on Original Filing	
Address Line 1		=			
Address Line 2					
City/Province/Region		=			
State	SELECT STAT	E 🕶			
Zip/Postal Code		=			
Country	United States	~			

## 9.02 - FILING NUMBER LOOKUP

The user must indicate whether they are a debtor or secured party making the filing and enter the filing number of the original financing statement. Information provided on this screen is the same information provided in Boxes 1a, 1b and 5 of the UCC-3 form. Note that **Filer Is A** and **Filing Number** are required fields.

Filing Reques	t	
·Filer Is A	Obbtor	
	O Secured Party	
<ul> <li>Filing Number</li> </ul>		
CANCEL		BACK CONTINUE

#### CANNOT LOCATE FILING NUMBER

If the filing number entered cannot be located, the user will be provided a message that the filing number could not be located.

iling Reques	t	
Filer Is A	Debtor	
	O Secured Party	
Filing Number	00000018139293	

## 9.03 - INFORMATION STATEMENT

The user indicates on this page whether they believe the filing to be inaccurate or wrongly filed. Information provided on this screen is the same information provided in Boxes 1b, 2 and 3 of the UCC-5 form. Note that **Please Select** and **Date of Original Filing** are required fields.

nformation Sta	tement	INSTRUCTIONS +
Verify the following informat Filing Number: 00000018 Primary Secured Party: Jo Primary Secured Party Ty	ion is correct: 1392939 Inn Doe Corporation pe: Organization	
If this information is not con Record Information To Which This Information Statement Relates	ect please <u>check the filing number entered</u> .	
Please Select	Record is inaccurate     Record was wrongfully filed     Record filed by person not     entitled to do so	
Basis for Claim		
Date of Original Filing Time of Original Filing	(mm/dd/yyyy) (hhmm) O AM O PM	k
CANCEL		BACK CONTINUE

## 9.04 – AUTHORIZING PARTY

Information Statement must be authorized by a party of record. The Authorizing Party page provides checkbox options to mark one or more parties as the authorizing party. This is the information provided in Section 5 of the UCC-5 form.

utl	horizing Party	
Verif	y the following information is correct:	
Filin Prin Prin	g Number: 000000181392939 nary Secured Party: John Doe Corporation nary Secured Party Type: Organization	
lf thi	s information is not correct please check the filing	number entered.
AU	THORIZING PARTY(S)	
#	Debtor Type	Debtor Name
	Organization	Jane Doe Corporation
		BACK CONTINUE

### 9.05 - FILING SUMMARY

The user has an opportunity to review and check data prior to submitting the filing to the State Department of Assessments and Taxation's Office. The user selects the **EDIT** button to change information previously entered.

Summary					
Your Informat below for acc	tion Statement Filing i suracy.	is not yet comp	lete. Please reviev	v the informat	ion
CONTACT INFORM	ATION				
				EDI	T CONTACT
Send Acknowledgmer To (Name):	nt John Doe				
Contact Address:	123 Main Street Anytown, MD 214 Country: US	101			
Contact Name:					
Contact Phone:					
Contact Phone Extension:					
Contact Email Address	s: name@email.com	n			
Contact Email To App on Filing:	ear NO				
FILING REQUEST I	NFORMATION				
				EDI	r REQUEST
Filer Is A:	Debtor				
Filing Number:	0000001813929	39			
Primary Secured Party Type:	y Organization				
Primary Secured Party	y: John Doe Corpora	ation			
AUTHORIZING DEB	TOR(S)				ING PADTY
			L	off Kothokiz	ING PARTT
Debtor Type	Debtor Name				
Organization	Jane Doe Corpora	ation			
INFORMATION STA	TEMENT				
			EDIT IN	FORMATION S	TATEMENT
Record To Which This Information Statement Relates:					
Record is inaccurate:					
Date of Original Filing	3/3/2019				
Time of Original Filing	r.				
Optional Filer Referen Data:	ice				
ITEMS SELECTED	FOR PURCHASE				
ITEM				# of	PRICE
				Pages	
		Information S	Statement Filing Fe	e 1	\$25.00
			Total Amount to	be Charged:	\$25.00
- Please Confir	m				
I have verified	I that all of the above	information is	correct and com	plete.	
CANCEL					

## 9.06 – FILING FEES PAYMENT

### PAYMENT

When submitting the filing, you will be taken to a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

vment			1000-0 Eliza Est. 40
yment			Transaction Summary \$25
ayment Type		×.	
	Credit/Debit Card		Need Help?
ustomer Information			Please complete the Customer Information Sec
0		Complete all required fields [*]	
Linited States			
Similaria I			
FISCNADE -	Last Name *		
Common 20000			
Company Name			
Appress *			
A00/635 2			
674 T	State *		
	Select State	~	
ZIP/Postal Code *			
Phone Number			
Email 🕐			
_			
		No. N	
		Next >	
ayment Information			
Cancel			

### 9.07 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user will see a Payment Successful screen. The user will be able to view/print/save the acknowledgment copy as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

This is the user's acknowledgment, and no printed acknowledgment will be mailed by the Maryland State Department of Assessments and Taxation's office. The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the acknowledgment copy.

Payment Successful - Documents are PDF files. <u>Get the Adobe Acc</u>	Complete Transaction Below.	
Viewing or printing your document	ts is as easy as	
View/Print Documents	Step 2 View/Print Receipt	

### SAMPLE RECEIPT

receipt			Print Reco
TRANSACTION HISTO	RY		
File ID Number	160311-1218075		
Acknowledge Copy To	test		
Email Address	Test@test.com		
Subscriber Account Name	John Doe		
Subscriber Account	2692462		
Number			
Number Filing Date/Time	3/11/2016 12:18 PM		
Number Filing Date/Time Your Subscriber ITEMS PURCHASED	3/11/2016 12:18 PM account will reflect that the charge was made by Maryland.4 # of Panes	gov. Price	
Number Filing Date/Time Your Subscriber ITEMS PURCHASED	3/11/2016 12:18 PM account will reflect that the charge was made by Maryland. # of Pages UCC Assignment Filing Fee	70v. Price	

### SAMPLE ACKNOWLEDGMENT COPY

INFORMATION STATEMENT FOLLOW INSTRUCTIONS		TS & TA	SN		2016	MG 104	1 Pg	0	5.00	00.00		5.00	1542
A. NAME & PHONE OF CONTACT AT FILER (optional)		SMEN			3/16/	4:0			49	40	ł	69	1616
B. E-MAIL CONTACT AT FILER (optional)		SES	34		1.7						ł		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		E A	5040					12		18890	1		
Horatio Hornblower			5-16	1			unt	Cour	Feed	Acc			10
234 Winslow Gardens		DEP	316	1	:	:0	° °	tor	îng	ctro ords		al:	or I
Annapolis, MD 21401	1	g	160		Dat	Tim	Pag	Q D D	113	Ele Rec		Tot	Ord
			THE	ABOVE	SPA	CE IS	FOR	FILIN	IG O	FFICE U	SE O	NLY	
Identification of the RECORD to which this INFORMATION STATE     1a. INITIAL FINANCING STATEMENT FILE NUMBER	MENT relates	b. RECOR	D INFOR	MATION	TO WI	HICH 1	THIS IN	FORM	ATIO	N STATE	MENT	r reu	TES
000000181417450													
<ol> <li>Check <u>one</u> of these three boxes to indicate the claim made by this INFOR 2a. X RECORD IS INACCURATE. Enter in item 3 the basis for the the manner in which the person believes the RECORD should be</li> </ol>	MATION STATEMENT he belief by the Debtor of F e amended to cure the ina	Record iden	tified in	item 5 tha	t the R	ECOR	RD iden	ntified i	in iten	n 1 is inac	ourate	e and i	ndica
2b. RECORD WAS WRONGFULLY FILED. Enter in item 3 th	he basis for the belief by th	e Debtor o	f Record	identified	lin iter	n 5 tha	it the R	RECOR	RD ide	ntified in i	tem 1	was v	irong
2c. RECORD FILED BY PERSON NOT ENTITLED TO DO identified in item 1 was not entitled to do so under UCC Section	SO. Enter in item 3 the t	asis for the	e belief b	y the Sec	ured P	wrty of	Recor	d that	the pe	erson that	filed t	the RE	COR
3. Basis for claim of box checked in item 2 Wrong information	SAMP												
3. Basis for claim of box checked in item 2 Wrong information	SAMP												
Basis for claim of box checked in item 2 Wrong information     If this INFORMATION STATEMENT relates to a RECORD filed [or office, provide the date [and time] on which the INITIAL FINANCING ST/     4a, DATE     3/1/2015     NAME of PERSON fileg this INFORMATION STATEMENT     Sa. ORGANIZATION'S NAME     Humody	recorded] in a filing office of ATEMENT identified in item	lescribed in h Ta above b, TIME	* Section was filed	- 9-501(a) d [or recor	(1) and ded]	t this I	NFORM	MATIO	N STA	ATEMENT	is file	ed in s	uch a

# 10.0 – Search by Name

Searches are used to find initial financing statements, amendments, correction statements and lien statements for debtors. One of the key components to keep in mind while searching is the "through date." The through date and time is "real time" – your search results will contain data meeting the criteria up to the date and time the search is submitted. The search results you receive will clearly display the through date.

#### SEARCH LOGIC

Search results are created by applying search rules to the name presented for searching.

- There is no limit to the number of matches that may be returned in response to the search criteria.
- No distinction is made between upper- and lower-case letters.
- Punctuation marks and accents are disregarded.
- All spaces are disregarded.
- Searches for individuals should be entered as Last Name First Name Middle Name or Initial (i.e., Doe John)
- If a first name is provided, a match will be found on that with any middle name.
- If only an initial is provided for the first name, a match will be found on any first name starting with the same letter.
- If a middle name is provided for the middle name, a match will be found on the middle name.
- If only an initial is given for the middle name, a match will be found on any middle name starting with the same letter.

Examples are as follows:

#### A search for **Bank of America** will retrieve:

- Bank of America Home Loans
- Bank of America Corporate Center
- Bank of America N.A.

#### A search request for **Smith John A.** will retrieve:

- John A. Smith
- John Alexander Smith
- John Adam Smith

#### A search request for Smith John will retrieve:

- John Smith
- John A. Smith
- Johnnie Smith
- John Robert Smith

#### A search request for **Smith J M** will retrieve:

- John M. Smith
- John Michael Smith

- Johnnie Smith
- John Matthew Smith

Because search results are produced by applying standard RA9 search logic to the name presented to the filing officer, this provides consistent, reliable results and ensures that human judgment does not play a role in determining the results of the search.

Per RA9 Standards Section 503, jurisdictions perform UCC lien searches using the following logic:

There is no limit to the number of matches that may be returned in response to the search criteria.

- No distinction is made between upper- and lower-case letters.
- The character "&" (the ampersand) is deleted and replaced with the characters "and" each place it appears in the name.
- Punctuation marks and accents are disregarded. For purposes of this rule, punctuation and accents include all characters other than the numerals 0 through 9 and the letters A through Z (in any case) of the English alphabet.
- Words and abbreviations at the end of an organization name that indicate the existence or nature of the organization are "disregarded" as determined by the filing office's programming of its UCC information management system.
- The word "the" at the beginning of an organization debtor name is disregarded.
- All spaces are disregarded.
- For first and middle names of individual debtor names, initials are treated as the logical equivalent of all names that begin with such initials, and first name and no middle name or initial is equated with all middle names and initials. For example, a search request for "John A. Smith" would cause the search to retrieve all filings against all individual debtors with "John" or the initial "J" as the first name, "Smith" as the last name, and with the initial "A" or any name beginning with "A" in the middle name field. If the search request were for "John Smith" (first and last names with no designation in the middle name field), the search would retrieve all filings against individual debtors with "John" or the initial J as the first name, "Smith" as the last name and with any name or initial or no name or initial in the middle name field.
- If the name being searched is the last name of an individual debtor name without any first or middle name
  provided, the search will retrieve from the UCC information management system all unlapsed records or, if
  requested by the searcher, all active records that pertain to financing statements with individual debtor
  names that consist of such last name, any or no middle name or initial and no first name.
- After using the preceding rules to modify the name being searched, the search will retrieve from the UCC information management system all unlapsed records, or, if requested by the searcher, all active records that pertain to financing statements with debtor names that, after being modified as provided in this rule, exactly match the modified name being searched.

NOISE WORDS

AGENCY ASSOCIATION ASSN ASSOCIATES ASSC ASSOC ATTORNEYS AT LAW BANK NATIONAL BANK **BUSINESS TRUST** CHARTER CHARTERED COMPANY CO CORPORATION CORP **CREDIT UNION** CU FEDERAL SAVINGS BANK FSB GENERAL PARTNERSHIP GENPART GP **INCORPORATED** INC LIMITED

LTD LTEE LIMITED LIABILITY COMPANY LC LLC LIMITED LIABILITY PARTNERSHIP LLP LIMITED PARTNERSHIP LP MEDICAL DOCTORS PROFESSIONAL ASSOCIATION MDPA MEDICAL DOCTORS PROFESSIONAL CORPORATION MDPC NATIONAL ASSOCIATION NA PARTNERS PARTNERSHIP **PROFESSIONAL ASSOCIATION** PROF ASSN PA **PROFESSIONAL CORPORATION** PROF CORP PC

PROFESSIONAL LIMITED LIABILITY CO PLLC RAILROAD RR REAL ESTATE INVESTMENT TRUST REIT REGISTERED LIMITED LIABILITY PARTNERSHIP RLLP SAVINGS ASSOCIATION SA SERVICE CORPORATION SC SOLE PROPRIETORSHIP SP SPA TRUST TRUSTEE AS TRUSTEE LLLP LIMITED LIABILITY LIMITED PARTNERSHIP OD PROFESSIONAL LIMITED LIABILITY COMPANY

## 10.01 – SEARCH CRITERIA

The Search by Name option allows the user to look up and view information by debtor or secured party name.

he responsibility for accurately he results you expect, check th	searching names rests with the user. Search results are determined by the search criteria you choo e spelling of the information entered and/or choose different search criteria.	se. Therefore, if you do not see
Name Search		INSTRUCTIONS +
Party	Debtor	
	Secured Party	
Party Name		
	Please enter a name using Last Name, First Name. (Example: Smith, John) Or you may search by an organization name. (Example: B & B Toys)	
Filing Status	<ul> <li>All Filings (Lapsed and Unlapsed)</li> </ul>	
	Only Unlapsed Filings	
Filing Type	<ul> <li>All</li> </ul>	
	O UCC-1 Only	
I'm not a robot	reCAPTCHA. Pristy - Terris	
CANCEL		BACK SEARCH

#### PARTY SEARCH FILTER (1)

This option is used to allow the user to indicate if the party name being searched is a debtor or secured party. "Debtor" is selected by default.

#### PARTY NAME

The user provides the party name they wish to search.

When searching for an individual, the user should enter the last name and then a first name or initial and optionally a middle name or initial. (Examples: Adams, John Q. or Adams, J Q or Adams, John Quincy)

When searching for an organization, the user should enter the name of the organization. (Examples: B and B Toys or B and B Toys)

#### FILING STATUS FILTER (2)

This option is used to allow the user to indicate if the search results should contain both active and lapsed filings or only active filings which are unlapsed. "All Filings (Lapsed and Unlapsed)" is selected by default.

#### FILING TYPE (3)

This option is used to allow the user to indicate if the search results should contain only initial financing statements (UCC-1) on record for the party name or all filings on record for the party name. "All" is selected by default.

## 10.02 – SEARCH RESULTS

If the search results include one or more matches, the application will display all matching party names on file for the search. The user has the option to select one or more matching names from the returned results.

Nan	ne Search Result(s)	
If one o If none	or more of the names for which you are search of the names below match, see other options	ing is displayed below, select the appropriate checkboxes to continue. below for a "Nothing On File" response.
N	AME	
0 1/	ACK TEST	
12	ACK TEST	
0 32	21 2018 ACK DATE TEST	
A8	IC TESTING	
□ A0	CK TESTING MN	
A0	OVANTAGE TESTING BT	
AT	TACHMENTTESTMD	
AL	JTOTEST504	
	OR — Exact mat	tch to party name not displayed above?
Select names "No Re	ting one of the options below will provide s matched your search criteria. esults Found" Document Request (Choose	e you with a response, certified or non-certified, stating no party ONE):
No	n-Certified Search Response	
Ce	rtified Search Response	

If no matches are located, the user will be informed that no documents are on file that meet the search criteria.



## 10.03 – Select Filings for Retrieval

If the search results included a debtor match, the user will be provided with records on file that match the search criteria used.

All UCC-1 filings and, if applicable, their UCC-3 and/or UCC-5 associated filings will display. The user has the option to request a search response only, copies of one or more documents only or both a search response and copies of documents.

er mentes for	RETRIEVAL					
Filing Number	Filing Type	Filing Date	Lapse Date	Film	Folio	# of Pag
190305-1206000	UCC-1 Financing Statement	3/5/2019 12:06:00 PM	3/5/2024			
DEBTOR/SECU	RED PARTY LIST					
Party Type	Party Name Type	Party Nan	ne			
Debtor	Organization	1 ACK TEST				
Secured Party	Organization	ASSIGNEE S	ECURED			
No associated fili	ng(s) found.					
190328-1213000	UCC-1 Financing Statement	3/28/2019 12:13:00 PM	3/28/2024			
DEBTOR/SECU	RED PARTY LIST					
Party Type	Party Name Type	Party Nan	ne			
Debtor	Organization	1 ACK TEST				
Secured Party	Organization	ASSIGNEE SI	ECURED			
adified Desur	nent Request	above		Tot	al docur	ments fou
I want certified I want a certified	ed search response					

## 10.04 – Order Summary and Contact Information

The user has an opportunity to review and check the search request before submitting the request to the Maryland State Department of Assessments and Taxation's Office. The user must also provide their contact information and verify that the request information is correct. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, and **Verify Contact Email Address** are all required fields.

Item	Pri	ice	
	Certified Search Response Report	\$7.00	
	Total Amount to b	e charged	\$7.00
<ul> <li>Send Acknowledgment</li> <li>To (Name)</li> <li>Contact Name</li> </ul>			
Contact Phone Number	() <b>.</b>		
Contact Phone Extension			
Contact Email Address			
Verify Contact Email			

## 10.05 - FILING FEES PAYMENT

### PAYMENT

When submitting the filing, you will be taken to a Payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

			Transaction	Summary	\$2
iyment Type		×			
	Credit/Debit Card		Need Help?		
ustomer Information			Please complete the C	ustomer Informatio	n Se
Country 1		Complete all required fields [*	2		
United States	~				
First Name *	Last Name *				
Company Name					
Address *					
Address 2					
city *	State *				
	Select State	~			
ZIP/Postal Code *					
Divora Normbar					
Email 🛞					
		Next N	1		
		Next y			
yment Information					

### 10.06 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user will see a Payment Successful screen. The user will be able to view/print/save the search response and any requested document(s) as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the search response and document(s).

Payment Succe	essful - Com	plete Transac	ction Below.	
Documents are PDF files. Ge	t the Adobe Acrobat Re	ader here.		
Viewing or printing you	ir documents is as	easy as		
Step 1 View/Print Documents	-	Step 2 View/Print Receipt		

### SAMPLE RECEIPT

Receipt				
TRANSACTION HISTO	RY			
File ID Number	160311-1218075			
Acknowledge Copy To	test			
imail Address	Test@test.com			
Subscriber Account Name	John Doe			
Subscriber Account	2692462			
real liber				
Filing Date/Time	3/11/2016 12:18 PM			
Filing Date/Time Your Subscriber TEMS PURCHASED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Marylan # of Paget	id.gov	Price	
Filing Date/Time Tour Subscriber TEMS PURCHASED	3/11/2016 12:18 PM account will reflect that the charge was made by Marylan # of Paget UCC Assignment Filing Fee	id.gov : 1	Price \$25.00	

# 11.0 – Search by Filing Number

Each filing related to the Uniform Commercial Code, or a lien of record is given a filing number to be indexed and searchable. Filing numbers have evolved through various formats over the years. Effective July 1, 2001, Revised Article 9 changed the formats of filing numbers to be consistent nationwide; however, the filing numbers existing prior to that time were not updated to this format, so searchers need to be aware that filing numbers in older formats will exist as long as they remain on the system.

## 11.01 – SEARCH CRITERIA

The Search by Number option allows the user to look up and view information by any UCC-1 or UCC-3 filing number. A search for a UCC-1 filing will also display any associated records. A search for a UCC-3 filing will display the associated UCC-1 record and any additional UCC-3 or UCC-5 filings.

UCC-1 V	UCC-1 🗸	
UCC-1 V	UCC-1 V	
UCC-1 V	UCC-1 V	

## 11.02 – Search Results and Select Filings for Retrieval

If the search result includes at least one match, the application will display all matching documents on file for the search. The user has the option to select one or more matching names from the returned results. All UCC-1 filings and, if applicable, their UCC-3 and/or UCC-5 associated filings will display. The user has the option to request a search response only, copies of one or more documents only, or both a search response and copies of documents.

CIT	LINGS FOR R	ETRIEVAL							
Fili	ng Number	Filing Type	Filing Date		Lapse D	Date	Film	Folio	# of Page
202	0000181392939	UCC-1 Financing Statement	t 4/12/2010 8:54:00 AM		4/12/202	5			
DE	BTOR/SECUR	ED PARTY LIST							
Pa	rty Type	Party Name Type	Party Name						
De	btor	Organization	John Doe Corporation						
Se	cured Party	Organization	Jane Doe Corporation						
Se	cured Party	Organization	James Doe Corporation						
AS	SOCIATED FIL	INGS							
	Filing Numb	er Filing Type	Filing Date	Film	Folio	# of Pag	jes		
0	1000362007725	SEES UCC-3 Continuation	3/24/2015 9:06:00 AM						
0	210726-120200	0 UCC-3 Amendment	7/26/2021 12:02:00 PM						
0	211110-113500	0 UCC-3 Amendment	11/10/2021 11:35:00 AM						
0	220118-160200	0 UCC-3 Termination	1/18/2022 4:02:00 PM						
Certi O I w	fied Docum	ent Request	ngs above						
Certi Iw	fied Docum rant certified o rant a certified mation Opti	ent Request copies of the selected filir d search response	ngs above						
	arch Respons	se and Copies associated with your search and	copies of the filing.						
Se Re		associated with your search.							
Se Re Se Re	port of all filings a								

If no matches are located, the user will be informed that no documents are on file that meet the search criteria.

Search Result(s)	
No UCC Filings matched your se	arched criteria.
Filing Number 00000018139293 return Maryland Department of Assessments a below. "No Results Found" Document Request	med no record(s). A printed copy of this page does not represent an official record of the and Taxation Business Services. To order an official Search Response, select a document O Non-Certified Search Response O Certified Search Response
CANCEL	BACK CONTINUE

### 11.03 - Order Summary and Contact Information

The user has an opportunity to review and check the search request before submitting the request to the Maryland State Department of Assessments and Taxation's Office. The user must also provide their contact information and verify that the request information is correct. Note that **Send Acknowledgment To (Name)**, **Contact Email Address**, and **Verify Contact Email Address** are all required fields.

Your UCC Search Filing is not yet complete. Please review the information below for accuracy.         ITEMS SELECTED FOR PURCHASE         File ID       Filing Type       Filing Date       Film Folio # of Pages       Price         0000000181392939       UCC-1 Financing Statement       4/12/2010       3         Certified Search Response Report         Sind Acknowledgment         To (Name)       Image: Contact Name         Contact Phone Number       Image: Contact Phone Extension       Image: Contact Email Address         Verify Contact Email Address       Image: Contact Email Address       Image: Contact Email Address	Summary				
ITEMS SELECTED FOR PURCHASE         File ID       Filing Type       Filing Date       Film       Folio       # of Pages       Price         0000000181392939       UCC-1 Financing Statement       4/12/2010       3       3       Certified Search Response Report       \$7.         Send Acknowledgment       Image: Contact Name       Image: Contact Phone Number       Image: Contact Phone Extension       Image: Contact Email Address         Verify Contact Email         Address	Your UCC Se accuracy.	earch Filing is not yet co	omplete. Please revi	ew the information below	for
Fille ID       Filling Type       Filling Date       Filling Tolo # of Pages       Price         0000000181392939       UCC-1 Financing Statement       4/12/2010       3       3         Certified Search Response Report       \$7.0         Send Acknowledgment       \$7.0         Total Amount to be Charged       \$7.0         Send Acknowledgment       \$7.0         Contact Name       \$7.0         Contact Phone Number       \$7.0         Contact Phone Extension       \$7.0       \$7.0         ***********************************	ITEMS SELECTED	FOR PURCHASE			
000000181392939 UCC-1 Financing Statement 4/12/2010 3 Certified Search Response Report \$7.4 Total Amount to be Charged \$7.4 Send Acknowledgment To (Name) Contact Name Contact Phone Extension Contact Phone Extension Contact Email Address Verify Contact Email Address	File ID	Filing Type	Filing Date	Film Folio # of Pages	Price
Certified Search Response Report \$7.1 Total Amount to be Charged \$7.4 Send Acknowledgment To (Name) Contact Name Contact Phone Number Contact Phone Extension Contact Email Address Verify Contact Email Address	000000181392939	UCC-1 Financing State	ment 4/12/2010	3	
Send Acknowledgment To (Name) Contact Name Contact Phone Extension Contact Email Address Verify Contact Email Address			Certified	Search Response Report	\$7.00
Send Acknowledgment To (Name) Contact Name Contact Phone Number Contact Phone Extension Contact Email Address Verify Contact Email Address			Tot	al Amount to be Charged	\$7.00
-Verify Contact Email Address	Contact Name Contact Name Contact Phone Numi Contact Phone Exter Contact Email Add	ber ()			
	Verify Contact Ema Address	sil			
Please Confirm  I have verified that all of the above information is correct and complete.	Please Confi	rm d that all of the above	information is corre	ect and complete.	

## 11.04 - FILING FEES PAYMENT

### PAYMENT

When submitting the filing, you will be taken to a payment screen. Payment may be made by using any American Express, Visa, MasterCard or Discover debit or credit card.

			_	Transaction Summary	\$2
syment Type			<ul> <li>Image: A second s</li></ul>		
	Credit/Debit Card		N	leed Help?	
ustomer Information			P	ease complete the Customer Informat	ion Ser
00000		Complete all required field	•(*)		
United States	~				
First Name *	Last Name *				
Company Name					
Address *					
Address 2					
city •	State *				
	Select State	v			
ZIP/Postal Code *					
Phone Number					
Email					
		Next 2			
syment Information					
# 11.05 – Acknowledgment Copy and Receipt

After the filing is submitted and processed, the user sees a Payment Successful screen. The user will be able to view/print/save the search response and any requested document(s) as well as the receipt by selecting the appropriate link on this page.

*Note:* You must have Adobe Reader installed on your PC to view these documents.

The user will also receive an email confirmation and receipt of the filing. This email will contain the link to the search response and document(s).

Payment Successful - Complete Transaction Below.						
Documents are PDF files. Get the Adobe Acrobat Reader here.						
Viewing or printing your documents is as easy as						
Scep 1 View/Print Documents	-	Step 2 View/Print Receipt				

# SAMPLE RECEIPT

Receipt			
TRANSACTION HISTO	RY		
File ID Number	160311-1218075		
Acknowledge Copy To	test		
Email Address	Test@test.com		
Subscriber Account Name	John Doe		
Subscriber Account Number	2692462		
	3/11/2016 12:18 PM		
Filing Date/Time	3/11/2016 12:18 PM		
Filing Date/Time Tour Subscriber TTEMS PURCHASEO Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryland. # of Pages	gov. Price	
Filing Date/Time  Your Subscriber  ITEMS PURCHA SED Item	3/11/2016 12:18 PM account will reflect that the charge was made by Maryland. # of Pages UCC Assignment Filing Fee	gov. Price 1 \$25	5.00

# SAMPLE CERTIFIED DOCUMENT

FO	CC FINANCING STATEMENT LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	T STN	NS	2021	16/2016	4108 PM	6. T	\$25.00	\$0.00	\$25.00	
8	E MAIL CONTACT AT EILER (ontional)			191	E.	0		-			
Ŭ.	a since a control of a news (opening)		298	03/	- 1	U	Α		O	Ν	
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	AL IN	508	ë			5		220		
	Mr. Spock		Ĩ	)at		1	000	000	400		
	234 Winslow Gardens		316	e		100	0 1	0	n n	-	
1	Annapolis, MD 21401		160	S deg	Date:	Dail I	offer and a second	USI 12	tooay Nocal	Total	
1. [	DEBTOR'S NAME: Provide only one Debtor rome (19.41 (3)) (1980 444	de fuil regenerate, not omr. modity, i	or abbrov	riato any p	art of the	Debtor	s name);	if any po	rt of the In	dividual I	Det
	name will not fit in line 1b, leave all of item 1 blank, theck tere and the fit is a oriGANIZATION'S NAME	wedness to gersuit Dector inform	ation in it	tem 10 of t	he Finar	noing Sta	tement /	lddendum	n (Form UC	C1Ad)	-
OR	15. INDIVIDUAL'S SURNAME	PIRST PERSONAL NAME			A	OD:TIO	IAL NAN	E(S)INIT	nAL(S)	SUFF	DK.
	Kirk	James			1	Tiberiu	IS				
10.	MAUNG ADDRESS	City			5	TATE	POSTA 2140	LCODE		COUN	(TR
-		Signador			!		2140			103	_
3.5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE	SECURED PARTYL: Provide only	one Sei	burned Parts	0.000000	3a or 3b	0011			000.	
	24. ORGANIZATION'S NAME Starfloot	acconcernanti, randouj	1000	weed ridery	ridende y	38.01.00					
OR	36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			^	DDITION	IAL NAS	re(s)/init	NAL(S)	SUFF	5K
36.	MAILING ADDRESS	CITY			5	TATE	POSTA	LCODE		COUN	TP
23	34 Winslow Gardens	Annapolis				MD	2140	1		US	_
5.4	Check only if applicable and check only one box: Collaborat is Theeld in a	Trust (see UCC)Ad, item 17 and 1	halautic	an)	being a	Staininker	ad by a	Decederat	S Persona	Bences	0.01
5. c	Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld in a Check <u>only</u> if applicable and check <u>only</u> one box:	Trust (see UCC1Ad, item 17 and i	Instructio	ns)	being ac	śminister ck <u>poly</u> ił	ad by a applicat	Decedent ble and ch	's Persona teck <u>only</u> o	d Repres	an

#### SAMPLE SEARCH RESPONSE



# APPENDIX A - INFORMATION YOU SHOULD KNOW

<u>PDF Files:</u> Acknowledgment copies, search responses and documents will be presented to the user as hyperlinks. The hyperlink will open a PDF file. The user then has the opportunity to print and/or save the file. When saving the file, be sure to include the ".pdf" extension on the file name.

<u>"Back" Button on Browser:</u> We suggest that the user utilize the "Back" button provided within the application rather than the Back button on the web browser.

Entering Data: Data entry is case sensitive. Therefore, the format used in keying information into the application is how the information will be stored.

<u>Collateral Field:</u> If a long collateral description is desired, the user first should type that description in a word processing program (i.e., Word or WordPerfect) or a text editor (i.e., Notepad or Wordpad). That description can then be copied and pasted into the collateral field.

<u>Browser Auto Complete:</u> Many web browsers have a feature called "Auto Complete" which is turned on by default. Auto Complete stores information you have previously entered and will provide you with a drop-down box from which you can select an item. If you wish to have this feature turned off, consult with your IT help desk.

<u>Navigating Through the Screens</u>: All of the screens have a tab order set within them so the user can simply "Tab" through each field. The user can also use the mouse to click into specific fields.

<u>Radio Buttons</u>: The radio buttons displayed in the application are part of the tab order for that screen. To change a selection from one radio button to another, use the arrow keys on the keyboard.

<u>Check Boxes</u>: To place a check mark in a check box on any given screen, the user simply needs to tab into that field and hit the spacebar on the keyboard.

## UCC Online Filing Fees:

UCC-1, UCC-3, UCC-5 and In Lieu of Continuation Fees	
Pages 1 - 8	\$25.00
Pages 9 and beyond	\$75.00
Printing Fees (for certified copies only)	
Contification Foo (non document)	¢c 00
Certification Fee (per document)	Ş6.00
Each Page	\$1.00

## **Convenience Fee**

A convenience fee is assessed for this online service by NICUSA Inc., Maryland's eGovernment Service Provider. This fee is non-refundable.

Certified Search	\$2.00 per certified search
Filling	\$4.50 per online filing (NOT per page)