

CLIENT'S U.C.C.-1 3RD PARTY INFORMATION FOR U.C.C. ASSET PROTECTION

Print or Type Clearly

CONSULTANT'S NAME:

CONSULTANT'S PH #:

CONSULTANT'S EMAIL:

YOUR NAME: **Please, NO INITIALS!** First

Middle

Last

SECURED PARTY INFORMATION

3rd Party's Name: **Please, NO INITIALS!** First

Middle

Last

Address:

City:

County (**not "country"**)

State

Zip Code:

3rd Party Telephone

3rd Party Fax:

 Client's email address:

I, the undersigned, am the "3rd party" (*Secured Party*) identified above and I certify that I am freely and knowingly placing a security claim upon the assets of the **PSR** client listed above. I have read and understand the responsibility of this position on the U.C.C. filing being done.

Dated this day of , .

Secured Party:

NOTARY PUBLIC

Living in: