

**STATE OF CONNECTICUT
CORRECTION STATEMENT**

FOR CUSTOMER USE ONLY:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06106
860-509-6002

FOR COURIER USE ONLY:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06115-0470
860-509-6002

Follow Instructions Carefully

| | |
|---|--------------------------------------|
| Requesting Party Name Address City State Zip Cust ID _____ | Fee \$25 (Space for office use only) |
|---|--------------------------------------|

1. FILE NUMBER OF ORIGINAL FINANCING STATEMENT

2. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b)

| | | | | | |
|-------------------------|----------------------------|----------------------------------|-------------|------------------------------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | 2c. ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | 2d. TYPE OF ORGANIZATION | 2e. JURISDICTION OF ORGANIZATION | | 2f. ORGANIZATIONAL ID # (Optional) | |

3. PLEASE MARK THE APPROPRIATE BOX (check only one box)

| | |
|--|--|
| <input type="checkbox"/> RECORD IS INACCURATE | <input type="checkbox"/> RECORD WAS WRONGFULLY FILED |
| 3b. State the reason why the record is inaccurate or was filed wrongfully. | |
| 3c. Describe how the record should be amended: | |

4. NAME OF PERSON SUBMITTING THIS CORRECTION STATEMENT FOR FILING

| | | | | | |
|-------------------------|----------------------------|------------|-------------|-------------|---------|
| 4a. ORGANIZATION'S NAME | | | | | |
| OR | 4b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | 4c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

Instructions for Connecticut Correction Statement

Please type or print this form. Be sure it is completely legible. Read all Instructions.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

1. **File number:** Enter file number of initial financing statement to which the Record that is the object of this Correction Statement relates. Enter only one file number.
2. Debtor's Name: Enter only one debtor's name in 2a or 2b.
 - 2a. Organizational Debtor
 - 2b. Individual Debtor
 - 2c. Enter Debtor's address
 - 2d,e,f. Enter type & jurisdiction of organization for organizational debtor.
3. If this Correction Statement is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 2a, provide the basis for that belief; and indicate the manner in which the Record should be amended to cure the inaccuracy.

If this Correction Statement is filed based on the filer's belief that the record identified in item 1 was wrongfully filed, check box 2b and provide the basis for belief.
4. Always enter name of the person who authorized the filing of this Correction Statement. This name must be the same as the name under which the record is indexed.