



MONTANA
EFFECTIVE FINANCING STATEMENT
AMENDMENT FORM
 Amendment Fees Reflected Below

Send Acknowledgement To:

Return Name:

Return Address:

This space is for filing use only

Montana Original Filing Number: _____ **Original Filing Date:** _____

1. Original Debtor's Exact Full "Legal" Name - Insert debtor name that appears on Montana Secretary of State records.

or	1a. Organization's Name			
	1b. Individual's Last Name	First Name	Middle Name	Suffix

1c. Debtor's Signature, Authorization, or Authentication

2. Original Secured Party's Name - Insert secured party name that appears on Montana Secretary of State records.

or	2a. Organization's Name			
	2b. Individual's Last Name	First Name	Middle Name	Suffix

This amendment must be filed by the Secured Party in compliance with the Federal Act.

3. Updated Debtor Information - Insert only one debtor (3a or 3b). **DO NOT** abbreviate or combine names and use exact legal name of debtor.

or	3a. Organization's Name			
	3b. Individual's Last Name	First Name	Middle Name	Suffix

3c. Mailing Address	City	State	Postal Code	Country
---------------------	------	-------	-------------	---------

3d. SSN or Tax ID #	3e. Debtor's Signature, Authorization, or Authentication
---------------------	--

4. Updated Secured Party Information - insert only one secured party name (4a or 4b)-do not abbreviate or combine names and use exact legal name of secured party.

or	4a. Organization's Name			
	4b. Individual's Last Name	First Name	Middle Name	Suffix

4c. Mailing Address	City	State	Postal Code	Country
---------------------	------	-------	-------------	---------

Amendment Types - Only one amendment type may be checked.

<input type="checkbox"/> Continuation (\$5.00) Continues the expiration date of the filing by five years. Continuation can be filed only six months prior to the expiration date of the lien.	<input type="checkbox"/> Termination (No Fee) The secured party no longer claims a security interest.	<input type="checkbox"/> Full Assignment (\$5.00) The secured party's rights to the property described below have been assigned to the assignee whose name and address are listed above.	<input type="checkbox"/> Add Debtor <input type="checkbox"/> Change Debtor <input type="checkbox"/> Delete Debtor (All of above \$5.00) Amending the debtor as stated above. Must be signed, authorized, or authenticated by the debtor.
<input type="checkbox"/> Add Secured Party <input type="checkbox"/> Change Secured Party <input type="checkbox"/> Delete Secured Party (All of above \$5.00) Amending the secured party as stated above.	<input type="checkbox"/> Add Collateral <input type="checkbox"/> Change Collateral <input type="checkbox"/> Delete Collateral (All of above \$5.00) Amending the collateral as stated below. Must be signed, authorized, or authenticated by the debtor.	<input type="checkbox"/> Partial Release (\$5.00) Releasing the collateral stated below. Must be signed, authorized, or authenticated by the debtor.	<input type="checkbox"/> Partial Assignment (\$5.00) The secured party's rights to the property described below have been assigned to the assignee whose name and address are listed above.

Updated Farm Products

Specific Farm Product	Crop Year	Montana County	Farm Product Quantity/Description

Instructions for Completing EFS Amendment Form

PLEASE TYPE THIS FORM: At least a 10-point typed font must be used when completing the form.

RETURN NAME/ADDRESS: Type the name and address where you want the Secretary of State's office to return the acknowledgement letter.

VERIFY INFORMATION: Verify all information you enter on the form for accuracy and correct spelling. An error may result in your lien becoming ineffective.

MONTANA INITIAL FILING NUMBER: You must list the initial filing number. Be sure to check the number for accuracy. Please do not reflect a filing number assigned to an amendment on this form. Only one filing number per form is allowed.

ORIGINAL FILING DATE: Reflect the date the original lien was recorded with our office.

UPDATED DEBTOR NAME (3a or 3b): These fields are used when adding, changing or deleting a debtor's name, address, social security or tax ID number. You can list either an individual name or an organization name for the debtor. But do not list both entity types in the box.

UPDATED SECURED PARTY NAME (4a or 4b): These fields are used when adding, changing or deleting a secured party's name and/or address. You can list either an individual name or an organization name for the secured party. But do not list both entity types in the box.

TAX ID NUMBER (3d): Is required for each individual debtor, and the debtor's internal revenue service (IRS) employer identification number is required for each business, corporation and trade name.

DEBTOR SIGNATURES (1c, 3e): A new debtor being added must sign, authorize or authenticate in Item 3e. In all other cases the current debtor must sign, authorize or authenticate in Item 1c. Please review the amendment types on the EFS Amendment form to determine when the debtor's signature, authorization or authentication is required for each amendment.

AMENDMENT TYPES: Check the appropriate box for the amendment you are performing. Only one amendment type per form is permitted.

UPDATED FARM PRODUCT: These fields are used when adding, changing or deleting a farm product. Note: You must list the specific farm product such as wheat, barley, hay, cattle, horses, pigs. The listing all "livestock and crops" will not suffice.

CROP YEAR: For a crop grown in soil, list the calendar year in which it is harvested or to be harvested. For animals, list

the calendar year in which they are born or acquired. For poultry and eggs, list the calendar year in which they are sold or to be sold. If "year" is left blank, perfection continues for every year the statement is effective.

COUNTY: Where the farm product is produced and/or located.

QUANTITY/DESCRIPTION: Number of bushels, head of livestock, or other commonly used identifier. Specify the units. Example: 300 bushels of winter wheat stored in bin 12. If "quantity/description" is left blank, then all specific farm products owned by the debtor are covered.

ACKNOWLEDGMENT LETTER: A system derived acknowledgement letter will be returned to you to retain with your records. Please review the information appearing on the acknowledgement letter for accuracy and correct spelling. If you discover a problem contact our office immediately at (406) 444-2468.

EFS AMENDMENT FEE: See each amendment type for the specific filing fee.

PHYSICAL/MAILING ADDRESS: Montana Secretary of State, Attn: UCC, 1301 6th Avenue, State Capitol, 2nd Floor, Room 260, Helena, Montana 59601 or PO Box 202801, Helena, MT. 59620-2801.

WEB ADDRESS: sos.mt.gov

FAX NUMBER: (406) 444-3976