



Chippewa Cree Tribe
EFFECTIVE FINANCING STATEMENT
Filing Fee = \$7.00

SEND ACKNOWLEDGEMENT TO:

Name

Address

This space for filing use only

Contact Name: _____ Contact Phone Number: _____

1. Debtor's Exact Full "Legal" Name - only one debtor name (1a or 1b)

or	1a. Organization Name			
	1b. Individual's Last Name	First Name	Middle Name	Suffix
1c. Mailing Address		City	State	Postal Code
1d. SSN or Tax ID#		1e. Debtor's Signature, Authorization, or Authentication		

2. Debtor's Exact Full "Legal" Name - only one debtor name (2a or 2b)

or	2a. Organization's Name			
	2b. Individual's Last Name	First Name	Middle Name	Suffix
2c. Mailing Address		City	State	Postal Code
2d. SSN or Tax ID#		2e. Debtor's Signature, Authorization, or Authentication		

3. Secured Party's Exact Full "Legal" Name - only one secured party name (3a or 3b)

or	3a. Organization's Name			
	3b. Individual's Last Name	First Name	Middle Name	Suffix
3c. Mailing Address		City	State	Postal Code

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

The following table is for specific Farm Products only

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

Proceeds Covered (Check box if proceeds are covered)

Products Covered (Check box if products are covered)

INSTRUCTIONS FOR COMPLETING THE CHIPPEWA CREE TRIBE EFFECTIVE FINANCING STATEMENT FORM



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

ACKNOWLEDGEMENT 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.

DEBTOR NAME (1a or 1b,2a or 2b): Enter only one Debtor name per section. The debtor name can be an organization or an individual's name but it cannot be both. Enter Debtor's exact full legal name. Do not abbreviate.

DEBTOR ADDRESS (1c or 2c): Enter the debtor's mailing address including city, state and zip code.

ORGANIZATION DEBTOR: "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If the Debtor is a partnership, enter exact full legal name of partnership. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine debtor correct name.

INDIVIDUAL DEBTOR: "Individual" means a natural person; this includes a sole proprietorship, whether or not the individual is operating under a trade name. Do not use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use a married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in the Last Name box, first given name in the First Name box, and all additional given names in the Middle Name box.

TAX ID NUMBER (1d and 2d): The SSN 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 SIGNATURE (1e and 2e): Each debtor reflected on the EFS is required to sign, authorize or authenticate the document.

SECURED PARTY NAME (3a or 3b): Enter the secured party's name in either 1e or 2e but do not complete both fields.

SECURED PARTY ADDRESS (3c): Enter the secured party's mailing address including city, state and zip code.

SECURED PARTY: The secured party is required to file the lien notice with the Secretary of State's office.

SPECIFIC FARM PRODUCT: You must list the specific farm product such as wheat, barley, hay, cattle, horses, and 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 or 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: List 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.

LIEN DURATION: An EFS lien is effective for a period of five years unless extended by filing a continuation statement

EFS FILING FEE:

Effective Financing Statement = \$7.00

PHYSICAL/MAILING ADDRESS: Montana Secretary of State, Attn: UCC, 1301 6th Avenue, State Capitol, 2nd Floor, Room 206, Helena, MT. 59601 or PO Box 202801, Helena, MT. 59620-2801

REVISED ARTICLE 9 PROTECTION: To establish perfection and priority under UCC Revised Article 9 (RA9) you must complete the UCC national form in addition to the EFS Form. The EFS form provides protection only to third party buyers of the farm product. Creating protection from other creditors requires you to file the national UCC form.

WEB ADDRESS: sos.mt.gov

UCC DIRECT LINE: (406) 444-2468

FAX NUMBER: (406) 444-3976