Copy

JCC FINANCING STATEM OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FI kay: Münster B. E-MAIL CONTACT AT FILER (optional kaymuenster@posteo.de C. SEND ACKNOWLEDGMENT TO: (Na kay: Münster c/o Wendhausenstrasse [10 Salzgitter ZZ [<00000>] DEBTOR'S NAME: Provide only one De name will not fit in line 1b, leave all of item 1 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME	LER (optional) Time and Address) I btor name (1a or 1b) (use ex	cact, full name; do not omit, m		: 04:04:00	AM		
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name will not fit in line 1b, leave all of item 1 1a. ORGANIZATION'S NAME		act, full name; do not omit, m	THE ABOVE				
name will not fit in line 1b, leave all of item 1 1a. ORGANIZATION'S NAME		act, full name; do not omit, m			R FILING OFFICE USE		
1a. ORGANIZATION'S NAME	· <u> </u>	provide the Individual Debtor					
		,					
R							
		FIRST PERSONAL	NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
MÜNSTER		KAY				COUNTR	
: MAILING ADDRESS		CITY	TED	STATE	POSTAL CODE		
WENDHAUSENSTR. 10		SALZGITTER			38259	DE	
DEBTOR'S NAME: Provide only one De							
name will not fit in line 2b, leave all of item 2	blank, check here and	provide the Individual Debtor	information in item 10 of	the Financing St	atement Addendum (Form U	JC1Ad)	
2a. ORGANIZATION'S NAME							
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFF		
		TINGT PERSONAL NAME					
. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTR	
SECURED PARTY'S NAME (or NAME	of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provi	de only <u>one</u> Secured Par	ty name (3a or 3b	o)		
3a. ORGANIZATION'S NAME							
R 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
: Münster		kay	INAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
: MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTR	
o Wendhausenstraße [10]	zu Salzgitt	er		[<0000>]	$\mathbf{Z}\mathbf{Z}$	
COLLATERAL: This financing statement c	overs the following collateral						

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME				Date of Filing: 05/28/2018 Time of Filing: 04:04:00 AM				
9a. ORGANIZATION'S NAME	File Number : 2018-148-5889-8 Lapse Date : NONE							
9b. INDIVIDUAL'S SURNAME MÜNSTER								
FIRST PERSONAL NAME KAY								
ADDITIONAL NAME(S)/INITIAL(S)	S	UFFIX	THE ABOVE	SPACE I	S FOR FILING OFFICI	E USE ONLY		
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor in do not omit, modify, or abbreviate any part of the Debtor's name) and enter			line 1b or 2b of the Fi	nancing S	tatement (Form UCC1) (us	se exact, full na		
10a. ORGANIZATION'S NAME								
10b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX		
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR		
LU NIENUELLI GUENALE					NIAL NIABAT (O) (INUTIAL (O)	SUFFIX		
11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME			NAL NAME(S)/INITIAL(S)			
the individual's surname c. Mailing address ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSO	NAL NAME		STATE	POSTAL CODE	COUNTR		
This FINANCING STATEMENT is to be filed [for record] (or recorded)	CITY		:MENT:					
C. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)	CITY in the 14. This FINAN covers	NCING STATE s timber to be	cut covers as-e	STATE	POSTAL CODE	COUNTR		
This FINANCING STATEMENT is to be filed [for record] (or recorded)	CITY in the 14. This FINAN covers	NCING STATE s timber to be	cut covers as-e	STATE	POSTAL CODE	COUNT		