## Instructions for Completing the Charging Application Change Form

Please type or laser-print information on this form. Be sure information provided is legible. Read and follow all instructions completely. Fill out the form very carefully as mistakes may have important legal consequences. Do not insert anything in the open space in the upper right portion of this form as it is reserved for filing office use. Do not staple or otherwise mutilate the barcode in the upper left corner of the document, as this will prevent filing.

**Return Acknowledgement:** Please do not enclose a duplicate copy. A return acknowledgement will automatically be generated upon filing.

- **Section A.** To assist filing office communication with the filer, information in this section should be provided.
- **Section B.** Enter the name and mailing address of filer in this section. This information is required.
- **Item 1a.** Enter the Secretary of State file number assigned to the original Charging Application.
- **Item 1b.** Enter the Secretary of State file date on the original Charging Application.
- **Item 2. Termination.** If the judgment creditor no longer claims a lien on the personal property under the judgment lien, check the box in item 2.
- **Item 3. Assignment.** To assign some or all of judgment creditor's rights under the judgment lien certificate, check box in item 3, enter name of Assignee in item 7a or 7b, and enter the Assignee's mailing address in item 7c.
- **Item 4. Partial Release.** If the lien on personal property covered by the judgment is being partially released, check box in item 4 and list the value of the lien remaining unpaid as of the date of this statement.
- **Items 5-7. Amendment/Party Information Change.** To indicate a <u>party information change</u>, check box in section 5; also check additional boxes (as applicable) and complete items 5, 6, and/or 7 as appropriate.

To change the name and/or address of a party (items 5, 6, and 7): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the CHANGE name and/or mailing address box in item 5 and enter name of affected party (current record name) in item 6a or 6b; and repeat or enter the new name in item 7a or 7b; always enter the party's mailing address in item 7c.

To <u>add</u> a party (items 5 <u>and</u> 7): Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the ADD name box in item 5 and enter the added party's name in item 7a or 7b; always enter the party's mailing address in item 7c.

**Fee:** The Charging Application Change Form must be submitted with a filing fee of six dollars (\$6.00) for the first page and fifty cents (\$0.50) for each additional page Please send a check made payable to the **Secretary of State**. Contact the filing office for information concerning the establishment of prepay accounts, use of special handling services, or other payment options. Documents not accompanied by the filing fee will not be processed.

Mailing Address: When properly completed, send the original form and payment of filing fee to:

Secretary of State Attn: UCC Division State Capitol, 500 Woodlane Little Rock, AR 72201

<sup>\*</sup>A court order must accompany this document.

## Instructions for Completing the Charging Application Change Form

Use this form to list only additional Judgment Debtors to be released or subordinated when filing a Charging Application Change Form.

**Item 8.** Enter file number of the Charging Application to which this Additional Party relates, exactly as shown in Item 1a of the Charging Application Change Form.

**Item 9.** Enter the name of the Judgment Creditor.

Items 10-15. Additional Judgment Debtor information

\*A court order must accompany this document.

CHARGING APPLICATION CHANGE F	ORM				
A. NAME & PHONE OF FILER'S CONTACT (optional)					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE C	ONLY
1a. SECRETARY OF STATE FILE NO. (Original Notice of Charging Application)		1b. DATE OF FILING ORIG	INAL CH	ARGING APPLICATION	
2. TERMINATION: The judgment creditor no longer claims a lien o	n the personal pr	operty under the judgment lie	en bearin	g the number indicated a	bove.
3. ASSIGNMENT (full or partial): All of the judgment creditor's right judgment lienowner. Provide name of Assignee in item 7a or 7b		ment lien certificate indicated	l above h	ave been assigned to th	e new
4. PARTIAL RELEASE: The judgment lien bearing the file number of the date of the statement is \$	r indicated above	has been partially released	and the	value of the lien remaini	ng unpaid a
	eck <u>one</u> of these two ANGE name and/or a n 6a or 6b; <u>and</u> item 7		e: Comple	te item	
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch. 6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform  7a. ORGANIZATION'S NAME	mation Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full nat	me; do not on	nit, modify, or abbreviate any part of	the Debtor's nam
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY

	RGING APPLICATION C		DDENDUM				
	IITIAL JUDGMENT LIEN FILE #			1			
9. NA	ME OF JUDGMENT CREDITO  9a. ORGANIZATION NAME	R					
OR	9b. INDIVIDUAL'S LAST NAME	MIDDLE NAME, SUFFIX	MIDDLE NAME, SUFFIX				
		2000 500 500 500				E IS FOR FILING OFF	
10. A	DDITIONAL JUDGMENT DEBT 10a. ORGANIZATION'S NAME	OR'S EXACT FULL LE	:GAL NAME – Insert only <u>one</u> n	ame (10a	or 10b) – do	not abbreviate or coi	mbine names
OR	10b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
10c. M	AILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11. A	DDITIONAL JUDGMENT DEBT	OR'S EXACT FULL LE	EGAL NAME – insert only <u>one</u> n	ame (11a	or 11b) – do	not abbreviate or co	mbine names
	11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME			SUFFIX
11c. I	I MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
12. A	DDITIONAL JUDGMENT DEBT	OR'S EXACT FULL LE	EGAL NAME – insert only one n	ame (12a	or 12b) – do	l not abbreviate or co	mbine names
	12a. ORGANIZATION'S NAME		, <del></del>		,		
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
12c. I	I MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
13. A	DDITIONAL JUDGMENT DEBT	OR'S EXACT FULL LE	EGAL NAME – insert only <u>one</u> n	ame (13a	or 13b) – do	not abbreviate or co	mbine names
	13a. ORGANIZATION'S NAME						
OR	13b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
13c. ľ	L MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14. A	DDITIONAL JUDGMENT DEBT	OR'S EXACT FULL LE	GAL NAME – insert only <u>one</u> n	ame (14a	or 14b) – do	 not abbreviate or co	mbine names
	14a. ORGANIZATION'S NAME						
OR	14b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
14c. I	L MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
13. A	DDITIONAL JUDGMENT DEBT	OR'S EXACT FULL LE	EGAL NAME – insert only <u>one</u> n	ame (15a	or 15b) – do	not abbreviate or co	mbine names
	15a. ORGANIZATION'S NAME						
OR	15b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
15c.	L MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY