

FORM UCC-3 / UNIFORM COMMERCIAL CODE / STATE OF CONNECTICUT
PLEASE TYPE OR PRINT - SEE REVERSE SIDE FOR COMPLETE INSTRUCTION

UCC-3
Rev. 3/97

SPACE FOR OFFICE USE ONLY WORK ORDER NUMBER	SPACE FOR OFFICE USE ONLY FILING NUMBER
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1 TYPE OF FILING - Place a check mark next to the appropriate selection.

_____ a. **Continuation:** The financing statement between the parties named below and bearing the number indicated in item 3 is continued for a subsequent term.

_____ b. **Amendment:** The financing statement bearing the number indicated in item 3 is amended as set forth in item 7.

_____ c. **Assignment:** The secured party assigns to the assignee named below rights established under the financing statement bearing the number indicated in item 3.

_____ d. **Partial Assignment:** The secured party assigns to the assignee named below rights established under the financing statement bearing the number indicated in item 3 to the extent stated in item 7.

_____ e. **Partial Release:** The secured party releases the property set forth in item 7 from the collateral presented in the original financing statement bearing the number indicated in item 3.

_____ f. **Termination:** The secured party no longer claims a security interest under the financing statement bearing the number indicated in item 3.

2 THIS STATEMENT REFERS TO THE ORIGINAL FINANCING STATEMENT NO. _____

3 DEBTOR'S FULL LEGAL NAME - Attach 8½ x 11" sheet to present additional debtor information. Check here for additional debtors.

INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	S.S. NUMBER
BUSINESS	NAME			TAXPAYER I.D. #	

MAILING ADDRESS (Street or P.O. Box) _____

CITY	STATE	COUNTRY	POSTAL CODE
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4 SECURED PARTY'S FULL LEGAL NAME - Attach 8½ x 11" sheet to present additional secured party information. Check here for additional secured party

INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	S.S. NUMBER
BUSINESS	NAME			TAXPAYER I.D. #	

MAILING ADDRESS (Street or P.O. Box) _____

CITY	STATE	COUNTRY	POSTAL CODE
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5 (IF APPLICABLE) ASSIGNEE'S FULL LEGAL NAME - Attach 8½ x 11" sheet to present additional assignee information. Check here for additional assignee

INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	S.S. NUMBER
BUSINESS	NAME			TAXPAYER I.D. #	

MAILING ADDRESS (Street or P.O. Box) _____

CITY	STATE	COUNTRY	POSTAL CODE
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6 Use the following space and attachments referenced below to set forth any information relating to the selection made in item 2 above.

NUMBER OF ADDITIONAL SHEETS PRESENTED _____

_____ SIGNATURE(S) OF DEBTOR(S)	_____ SIGNATURE(S) OF SECURED PARTY(IES)
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