

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Joseph Linn Petrashek 4809262982

B. E-MAIL CONTACT AT FILER (optional)
joemagic@cox.net

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Joseph Linn Petrashek 4809262982

c/o 427 W. Chilton Street
Chandler AZ USA [85225] U.S.A.

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME PETRASHEK	FIRST PERSONAL NAME JOSEPH	ADDITIONAL NAME(S)/INITIAL(S) LINN	SUFFIX	
1c. MAILING ADDRESS 427 W. Chilton st.	CITY Chandler	STATE AZ	POSTAL CODE 85225	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's 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 Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S SURNAME Petrashek	FIRST PERSONAL NAME Joseph	ADDITIONAL NAME(S)/INITIAL(S) Linn	SUFFIX	
3c. MAILING ADDRESS c/o General Delivery, 427 West Chilton Street	CITY Chandler, Maricopa County	STATE AZ	POSTAL CODE [85225] Arizona	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
Commercial Security Agreement between the legal entity and the natural person is on file at the public records, with the headi

