New Mexico Continuation or Termination of an Effective Financing Statement

This staten (date)		he original Effective				fected as indic		led on	
1. DEBT			2. ADDITIONAL DEBTOR Name (Last, First)			3. ADDITIONAL DEBTOR Name (Last, First)			
Mailing Address			Mailing Address			Mailing Address			
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code	
Soc. Sec. No. or Fed. Tax I.D. No.			Soc. Sec. No. or Fed. Tax I.D. No.			Soc. Sec. No. or Fed. Tax I.D. No.			
4. ADDITIONAL DEBTOR Name (Last, First)			5. PRIMARY SECURED PARTY Name (Last, First)			6. SECONDARY SECURED PARTY Name (Last, First)			
Mailing Address			Mailing Address			Mailing Address			
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code	
Soc. Sec. No. or Fed. Tax I.D. No.			Soc. Sec.	Soc. Sec. No. or Fed. Tax I.D. No.			Soc. Sec. No. or Fed. Tax I.D. No.		
Signature(s) of Debtor(s) Below:			Signatures of Secured Party Be			elow:	FOR OF	FICE USE ONLY	
		ocument number au			sen directly from th		-, •	l filing. Statement amended.	
	-							Only one action may be	
-	of all Debtors on. (Notice of I		ty(ies) are re	quired for a Con	ntinuation. Signatu	re of Secured	Party is require	ed if the document is a	
(EFS-3)								FILING FEE \$11.50	