SEND ACKNOWLEDGMENT TO: (Name and Address)				
In care of:	7			
Post Office Box 9999	1		,	
Los Angeles 90010				
California John Henry Doe				
Somithenly boe	-			
DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a			R FILING OFFICE USE O	NLY
1s. ORGANIZATION'S NAME	and the second s			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	AME	SUFFIX
DOE	JOHN	HEN		
MAILING ADDRESS O. Box 9999	Los Angeles	CA	90010	US
TAX ID #: SSN OR EIN ADD'L INFO RE 18. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION		NIZATIONAL ID #, if any	100
23-45-6789 ORGANIZATION DEBTOR		‡		□ NO
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or	combine names		
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE		SUFFIX
2a. ORGANIZATION'S NAME			POSTAL CODE	SUFFIX
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N		COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 2a. TYPE OF ORGANIZATION ORGANIZATION	CITY 21 JURISDICTION OF ORGANIZATION	STATE 20. ORGA	POSTAL CODE	COUNTRY
28. ORGANIZATION'S NAME 25. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNCE of ASSIGNO	CITY 21 JURISDICTION OF ORGANIZATION	STATE 20. ORGA	POSTAL CODE	COUNTRY
28. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 33. ORGANIZATION'S NAME 30. INDIVIDUAL'S LAST NAME DOE	FIRST NAME 21. JURISDICTION OF ORGANIZATION IR S/P) - insert only one secured party name (S FIRST NAME JOHN	STATE 29. ORGA 19 or 3b) MIDDLE 1	POSTAL CODE NIZATIONAL ID #, if any IAME	COUNTRY
28. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 38. ORGANIZATION'S NAME 30. INDIVIDUAL'S LAST NAME	FIRST NAME 21. JURISDICTION OF ORGANIZATION R S.P) - insert only one secured party name (3	STATE 29. ORGA 19 or 3b) MIDDLE 1	POSTAL CODE NIZATIONAL ID #, if any IAME TY POSTAL CODE	COUNTRY