



**MONTANA CROW TRIBE OF INDIANS/APSAALOOKE NATION
FINANCING STATEMENT FORM
FILING FEE=\$7.00**

SEND ACKNOWLEDGEMENT TO: (Name and Address)

Crow Country

This space reserved for filing office

Contact Name: _____ Phone: _____ Email: _____

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)

or	1a. Organization's Name				
	1b. Individual's Surname	First Personal Name	Additional Name(s)/Initial(s)	Suffix	
1c. Mailing Address		City	State	Postal Code	Country

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)

or	2a. Organization's Name				
	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)

or	3a. Organization's Name				
	3b. Individual's Surname	First Personal Name	Additional Name(s)/Initial(s)	Suffix	
3c. Mailing Address		City	State	Postal Code	Country

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

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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

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

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

8. OPTIONAL FILER REFERENCE DATA:

INSTRUCTIONS FOR THE CROW TRIBE OF INDIANS/APSAALOOKE NATION UCC FINANCING STATEMENT FORM

PLEASE TYPE THIS FORM: At least a 10-point typed font must be used when completing the form.

RETURN NAME/ADDRESS: Type the name and address where you want the Secretary of State's office to return your confirmation/acknowledgement letter.

VERIFY INFORMATION: Before submitting the UCC Financing Statement to our office, verify the information you entered for accuracy and correct spelling.

DEBTOR NAME: Carefully review applicable statutory guidance about providing the debtor's correct name. Enter only one Debtor name in item 1 -- either an organization's name (1a) or an individual(s) name (1b). If any part of the individual debtor's name will not fit in line 1b, place a check on the designated line and leave all of item 1 blank, check the box in item 9 of the Financing Statement Addendum (Form UCC1Ad) and enter the Individual Debtor name in item 10 of the Financing Statement Addendum (Form UCC1 Ad). Do not abbreviate words that are not already abbreviated in the Debtor's name. If a portion of the Debtor's name consists of only an initial or an abbreviation rather than a full word, enter only the abbreviation or the initial. Enter trust names in the Organization's Name box in item 1a.

1a. **Organization Debtor Name.** "Organization Name" means the name of an entity that is not a natural person. A sole proprietorship is **not** an organization, even if the individual proprietor does business under a trade name. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed public organic records to determine Debtor's correct name. Trade name is insufficient. If a corporate ending (e.g., corporation, limited partnership, limited liability company) is part of the Debtor's name, it must be included. Do not use words that are not part of the Debtor's name.

1b. **Individual Debtor Name.** "Individual Name" means the name of a natural person; this includes the name of an individual doing business as a sole proprietorship, whether or not operating under a trade name. The term includes the name of a decedent where collateral is being administered by a personal representative of the decedent. The term does not include the name of an entity, even if it contains, as part of the entity's name, the name of an individual. Prefixes (e.g., Mr., Mrs., Ms.) and titles (e.g., M.D.) are generally not part of an individual name. Indications of lineage (e.g., Jr., Sr., III) generally are not part of the individual's name, but may be entered in the Suffix box. Enter individual Debtor's surname (family name) in Individual's Surname box, first personal name in First Personal Name box, and all additional names in Additional Name(s)/Initial(s) box.

If a Debtor's name consists of only a single word, enter that word in Individual's Surname box and leave other boxes blank.

DEBTOR ADDRESS: Enter a mailing address in item 1c or 2c for the Debtor named.

SECURED PARTY NAME: Enter name and mailing address for Secured Party or Assignee who will be the Secured Party of record in Item 3. For additional Secured Parties, attach either the Financing Statement Addendum (Form UCC1Ad) or Financing Statement Addendum (Form UCC1 AP). If there has been a full assignment of the initial Secured Party's right to be Secured Party of record before filing this form, enter Assignor Secured Party's name and mailing address in item 3 of this form.

COLLATERAL DESCRIPTION: Use item 4 to indicate the collateral covered by this financing statement. If space in item 4 is insufficient, continue the collateral description in item 12 of the Addendum (Form UCC1Ad) or attach additional page(s) and incorporate by reference in Item 12 (e.g., See Exhibit A). Do not include social security number or other personally identifiable information.

OPTIONAL FILER REFERENCE: This space is optional. The filer may enter any identifying information such as the secured party's loan number. Do not enter social security numbers or any other personally identifiable information in this space.

LIEN DURATION: A UCC Financing Statement is effective for a period of five years. A continuation to extend the duration of the lien may be filed six months prior to the expiration date.

CONFIRMATION LETTER: A system derived confirmation letter will be returned to you to retain with your records. Please verify the information appearing in the letter is accurate and there are no misspellings. If you discover a problem, please contact our office immediately at (406) 444-2468.

PHYSICAL/MAILING ADDRESS: Montana Secretary of State, Attn: UCC, 1301 6th Avenue, State Capitol, 2nd Floor, Room 206, Helena, MT. 59601 or PO Box 202801, Helena, MT. 59620-2801

WEB ADDRESS: sos.mt.gov **UCC DIRECT LINE:** (406) 444-2468 **FAX NUMBER:** (406) 444-3976