



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Form: UCC
UNIFORM COMMERCIAL CODE
AFFIDAVIT OF WRONGFULLY FILED RECORD
Office of Business
P.O. Box 718
Frankfort, KY, 40602
(502) 564-3490
(502) 564-5687 (fax)
www.sos.ky.gov
This space for use by Secretary of State
File Number:
Date:
This space for use by Secretary of State

1. Affiant Name: _____

2. Financing Statement / Amendment Number Listing Affiant as a Debtor: _____

3. I hereby affirm my reasonable belief in the following (initial each):

- a. _____ I am a qualified person authorized to file this Affidavit pursuant to KRS 355.9-513A(2);
b. _____ None of the secured parties of record in the aforementioned filing are financial institutions as defined by KRS 355.9-513A(15);
c. _____ All secured parties of record in the aforementioned filing are individuals; and
d. _____ The aforementioned filing was filed by an individual not authorized or permitted to do so under KRS 355.9-509, 355.9-708, or 355.9-808.

4. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct, and complete.

Signature of Affiant Month & Day Year

Affiant Contact Information (please type or print clearly):

Name
Street City State & Zip
Telephone Number & Email Address

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public
My Commission Expires: _____