



# COUNTY MEDICAL LIEN STATEMENT OF CONTRIBUTION, AMENDMENT, ETC.

FOLLOW INSTRUCTIONS

**Instructions:**

1. Please type and sign this form in black.
2. File only the original. Make copies for your file. The original will be returned as your acknowledgment.
3. Enter only one debtor's name or assumed name per debtor block exactly as it is to be indexed. If more than four names, use an attached sheet. Enter individual debtor names: Last, First Middle Title; e.g. Smith, John Alan Jr.
4. Be sure to correctly enter the UCC-1 Financing Statement number assigned by the filing officer.
5. One or more transactions may be made by a UCC-3. Check the appropriate boxes.

**Mail to:** Secretary of State  
 UCC Division  
 450 N 4th Street  
 PO Box 83720  
 Boise ID 83720-0080

**Telephone:** 208-334-3191

**Name or business name of each debtor against whom the lien is claimed, and the address of each.**

<b>1</b>	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
<b>2</b>	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
<b>3</b>	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
<b>4</b>	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip

**Secured Party or Assignee of Record Name and Address**

Organization or Indiv. Last Name	First Name	Middle Name	
Address		City	State Zip

**Acknowledgment Name and Address, if not Secured Party**

Organization or Indiv. Last Name	First Name	Middle Name	
Address		City	State Zip

**New Assignee Name and Address**

Organization or Indiv. Last Name	First Name	Middle Name	
Address		City	State Zip

**Amendment or release information:**

This statement refers to UCC-1 financing statement file number:	Filed on: (month/day/year)
<input type="checkbox"/> CONTINUATION. The original financing statement bearing file number shown above is still effective.	
<input type="checkbox"/> TERMINATION. Secured party no longer claims a security interest under the financing statement bearing file number shown above.	
<input type="checkbox"/> ASSIGNMENT. The secured party's right under the financing statement bearing file number shown above has been assigned to the assignee shown below.	
<input type="checkbox"/> AMENDMENT. Financing statement bearing file number shown above is amended as set forth below.	
<input type="checkbox"/> RELEASE. Secured party releases the collateral described below from the financing statement bearing the file number shown above.	

**Signature of Secured Party or Assignee of Record:**