

# UCC-3 Form - CONTINUATION

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## FILER INFORMATION

*Full name:* **KEYBANK NATIONAL ASSOCIATION**

*Email Contact at Filer:* **DWAYNE\_MATHES@KEYBANK.COM**

## SEND ACKNOWLEDGEMENT TO

*Contact name:* **KEYBANK NATIONAL ASSOCIATION**

*Mailing Address:* **4910 TIEDEMAN RD**

*City, State Zip Country:* **CLEVELAND, OH 44144 USA**

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**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: KEYBANK NATIONAL ASSOCIATION**

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