AT 1, AT 3 FILING INSTRUCTIONS

Please type or laser-print information on this form. Be sure information provided is legible. Read all instructions and follow them completely. Fill-in form very carefully as mistakes may have important legal consequences. Do not insert anything in the open space in the upper right portion of this form as it is reserved for filing office use. Do not staple or otherwise mutilate the barcode in the upper left hand corner of the document, this will render the barcode ineffective.

If the space provided for any item is inadequate:

- Continue the item, preceded by the Item No., on an additional 81/2" x 11" sheet of paper
- Head each additional sheet with the defendant's/debtor's name appearing in Item No. 3 of this form. Be sure to attach the
 additional sheet to each copy of the form.

A copy of the Court Order should **not** accompany the Notice of Attachment Lien form submitted to the filing office. The fact that the court has entered an order for issuance of a Writ of Attachment is evidenced by the signature of the Sheriff or Marshal on the Attachment Lien form.

To provide the requester with an acknowledgment of filing, the original and a duplicate copy of the notice must be presented for filing.

Section A:To assist filing office communication with the filer, information in this section may be provided.

Section B: Enter name and mailing address of requester. This is required information.

ITEM 1: Enter the name of the court that issued the order for the

attachment lien.

ITEM: 2 Enter the title and case number that appears on the court order.

ITEM: 3a or 3b Enter the exact legal name of the organization or name of the individual that is the

defendant/debtor appearing on the court document.

ITEM: 3c Enter the last known mailing address of the defendant/debtor.

ITEM: 4a or 4b. Enter the exact legal name of the organization or name of the individual that is the plaintiff

appearing on the court document.

ITEM: 5 Check one box. If this filing is an amendment or termination, state the

Secretary of State file number and the date the original lien was filed.

ITEM: 6 Use this box for property description if the first box is checked,

or enter the Secretary of State file number here if the second, third, or fourth box is checked.

ITEM: 7 Be sure that the Notice of Attachment Lien form has been properly signed.

FEE:

The filing fee is ten dollars (\$10.00) for submittal of an original document containing two pages or less, and twenty dollars (\$20.00) for submittal of an original document containing three pages or more. Please send a check made payable to the **Secretary of State**. Contact the filing office for information concerning the establishment of prepay accounts, use of special handling services, or other payment options. DOCUMENTS NOT ACCOMPANIED BY THE FILING FEE WILL NOT BE PROCESSED.

MAILING ADDRESS:

When properly completed, send payment, and the original, and a duplicate copy of the notice to:

Secretary of State P.O. Box 942835 Sacramento, CA 94235-0001

NOTICE OF ATTACHMENT LIEN / TERMINATION / AMENDMENT TO LOW INSTRUCTIONS CAREPULLY (front and back of form) 2. SIND ADMONULEDAMENT TO: (INAME AND ARDRESS) 3. DEFENDANT SOCRET PRIES CORNET SUPPORT 2. TITLE AND NUMBER OF CASE 3. DEFENDANT SOCRET RESEARCH LEGAL NAME — meet only one name, either 38 or 30. Do not abbreviate or combine names. 3. DEFENDANT SOCRETOR'S EXACT LEGAL NAME — meet only one name, either 38 or 30. Do not abbreviate or combine names. 3. DEFENDANT SOCRETOR'S EXACT LEGAL NAME — meet only one name, either 38 or 30. Do not abbreviate or combine names. 3. DEFENDANT SOCRETOR'S EXACT LEGAL NAME — meet only one name, either 38 or 30. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combine names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combined names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combined names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate or combined names. 4. PLAINTIPP SSECURED PARTY'S EXACT NAME — Enter one name, either 40 or 40. Do not abbreviate						
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THIS SPACE FOR FILING OFFICE USE ONLY THIS SPACE FOR FI	A. NAME & PHONE OF FILER'S CONTACT (optional)	,				
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