

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE  
UNIFORM COMMERCIAL CODE DIVISION

STATE CAPITOL SUITE 1301 • P.O. BOX 95104 • LINCOLN, NE • 68509  
PHONE: (402)-471-4080 • FAX: (402)-471-4429

JOHN A. GALE  
Secretary of State

NEBRASKA SECRETARY OF STATE  
UNIFORM COMMERCIAL CODE DIVISION  
ELECTRONIC FILING SERVICES  
AGREEMENT

The below named party (hereinafter "filer" or "filer/secured party") does hereby agree to the following terms and conditions relating to the Electronic Filing of documents with the Nebraska Secretary of State's Office, Uniform Commercial Code Division.

1. The filer/secured party shall maintain a current account with Nebraska.gov (301 South 13th, Suite 301, Lincoln, NE 68508) for electronic data access and filing services with the State of Nebraska.
2. The user identification and password issued by Nebraska.gov shall be the identifier issued by the Secretary of State for electronic filing purposes pursuant to Neb. Rev. Stat. §52-1314 and Neb. Rev. Stat. (UCC) §9-406.
3. It shall be the responsibility of the filer to maintain the security and integrity of the user identification and password issued by Nebraska.gov. Filings made under a particular user identification and password shall be presumed valid filings by the filer issued those identifiers.
4. If the filer is concerned about the security and integrity of their user identification because of an employee termination, etc., you may contact Nebraska.gov to terminate existing identifiers and create new ones.
5. Filings done electronically pursuant to this agreement and appropriate Nebraska law shall have the full legal force and effect of a manual (paper) filing.
6. Third party filers (such as law firms) **must** obtain authorization from the secured party(ies) on whose behalf they wish to file.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Authorized Agent

Parasec  
Secured Party Name (or filer name, see #6 above)

\_\_\_\_\_  
Printed name of Agent

2804 Gateway Oaks Dr. #200  
Secured Party Address

\_\_\_\_\_  
Phone number

Sacramento, CA 95833  
City State Zip

\_\_\_\_\_  
Fax number

Return to the Address listed above. You may wish to retain a signed copy for your records.