



**Wyoming Secretary of State**

2020 Carey Avenue, Suite 700

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Email: [UCC@wyo.gov](mailto:UCC@wyo.gov)

For Office Use Only

**Effective Financing Statement (EFS)**

<b>1. Contact and Send Acknowledgment To:</b>	
a. Name and Phone of Contact at Filer (optional)	b. PAD Account # to be Charged
c. Send Acknowledgment To: (Name and Address)	d. Email Contact at Filer

<b>2. Debtor's Exact Full "Legal" Name</b> (only one (1) debtor name (2a or 2b):				
Or	a. Organization Name			
	b. Individual's Last Name	First Name	Middle Name	Suffix
	c. Last 4-digits of the SSN or FEIN			
d. Mailing Address	City	State	Postal Code	

<b>3. Debtor's Exact Full "Legal" Name</b> (only one (1) debtor name (3a or 3b):				
Or	a. Organization Name			
	b. Individual's Last Name	First Name	Middle Name	Suffix
	c. Last 4-digits of the SSN or FEIN			
d. Mailing Address	City	State	Postal Code	

<b>4. Secured Party's or Assignee's Exact Full "Legal" Name</b> (only one (1) secured party name (4a or 4b):					<input type="checkbox"/> <b>Check if Assignee</b>
Or	a. Organization Name				
	b. Individual's Last Name	First Name	Middle Name	Suffix	
c. Mailing Address	City	State	Postal Code		

<b>5. Farm Product Information</b> (use the following for farm products requiring EFS filing in accordance with the Food Security Act of 1985):					
Farm Product	Code	Year	Quantity	County Code	Description/Location in County

<b>6. Check Applicable Option:</b>	<input type="checkbox"/> <b>Proceeds Covered</b>	<input type="checkbox"/> <b>Products Covered</b>
------------------------------------	--	--

<b>7. Pay Proceeds to Debtor and Secured Party unless otherwise checked:</b>	<input type="checkbox"/> <b>Secured Party Only</b>	<input type="checkbox"/> <b>Debtor Only</b>	<input type="checkbox"/> <b>Attachments</b>
--	--	---	---

# Instructions for Completing Wyoming's Effective Financing Statement

## **General Instructions:**

- Please type this form.
- Verify all information you enter for accuracy and correct spelling. Any error may result in your lien becoming ineffective.
- Lien Duration: An EFS lien is effective for a period of five years unless extended by filing a continuation statement
- Acknowledgement Letter: A system derived acknowledgement letter will be returned to you to retain with your records. Please verify the information appearing on the acknowledgement letter for accuracy and correct spelling. If you discover a problem, please contact our office immediately at (307) 777.7311.
- Fees:
  - \$20 which includes the termination.
  - \$40 if more than two (2) pages.

## **Sections 2 and 3: Debtor Information**

Debtor Name (2a or 2b, 3a or 3b): Enter only one Debtor name per section. The debtor name can be an organization or an individual's name but it cannot be both. Enter the Debtor's exact full legal name. Do not abbreviate.

Debtor Address (2c or 3c): Enter the debtor's mailing address including city, state and zip code.

Organization Debtor: "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If the Debtor is a partnership, enter exact full legal name of partnership. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine debtor correct name.

Individual Debtor: "Individual" means a natural person; this includes a sole proprietorship, whether or not the individual is operating under a trade name. Do not use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use a married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in the Last Name box, first given name in the First Name box, and all additional given names in the Middle Name box.

## **Section 4: Secured Party Information**

Secured Party and Assignee: The secured party is required to file the lien notice. If the secured party is an assignee, please check the box.

Secured Party Name (4a or 4b): Enter the secured party's name in either 1e or 2e but do not complete both fields.

Secured Party Address (4c): Enter the secured party's mailing address including city, state and zip code.

## **Section 5: Farm Product Information**

Farm Product: You must list the specific farm product such as wheat, barley, hay, cattle, horses, and pigs. The listing all "livestock and crops" will not suffice.

Code: Reference the farm product codes below and enter the applicable code.

Year: For a crop grown in soil, list the calendar year in which it is harvested or to be harvested. For animals, list the calendar year in which they are born or acquired. For poultry or eggs, list the calendar year in which they are sold or to be sold. If "year" is left blank, perfection continues for every year the statement is effective.

Description/Location in County: Number of bushels, head of livestock, or other commonly used identifier. Specify the units. Example: 300 bushels of winter wheat stored in bin 12. If left blank, then all specific farm products owned by the debtor are covered.

County Code: List where the farm product is produced and/or located.