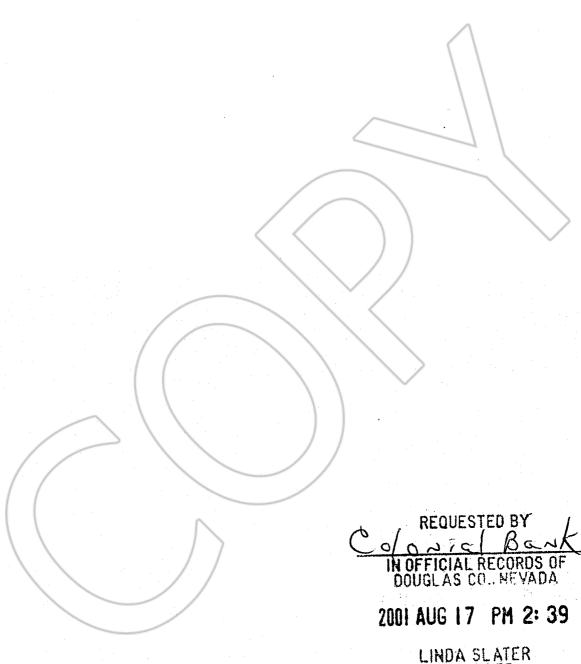
NAME & PHONE OF CONTACT AT FILER [optional] SEND ACKNOWLEDGMENT TO: (Name and Address) Colonial Bank PO Box 7498 Reno, NV 89510  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY International Process of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Is continued for the additional profit provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtior or 2   Secured Party of record. Check only age of these two boxes.  AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (FARTY INFORMATION): This Amendment affects   Debtior or 2   Secured Party of record. Check only age of these two boxes.  AMENDMENT (FARTY INFORMATION): This Amendment affects   Debtior or 2   Secured Party of record. Check only age of these two boxes.  CICRENT RECORD INFORMATION:  Geo. ORGANIZATION SHAME   FIRST NAME   MIDDLE NAME   SUFFIX  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SUFFIX  CHANGED (NEW) OR ADDED INFORMATION:  7b. ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SUFFIX  CICITY   STATE   POSTAL CODE   COUNT   ORGANIZATION   ORGA						
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