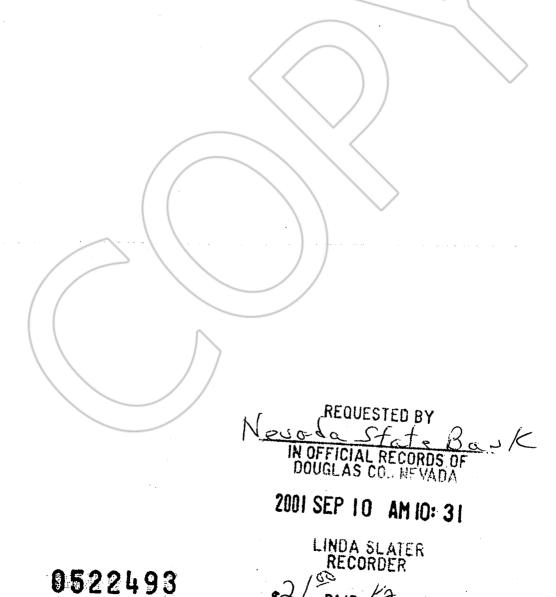
UCC FINANCING STATEMENT AMENDI	WENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		^	
XOCHILT Y JACOBO (801) 974-3991		/\	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
PLEASE RETURN TO:		\ \	
		\ \	
NEVADA STATE BANK		\ \	
PO BOX 1507		~ \\	
SALT LAKE UTAH 84110	(
I		HE ABOVE SPACE IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE # 0515220 MAY 29, 2001 11:00AM	Dougla	to be filed (for record) (o	r recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified	الاكتهار أكاكن كالأراد الكارم بالمتحدد المساء بسياسي مساو	The state of the s	
3. CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law.	ified above with respect to security interest	(s) of the Secured Party authorizing this Continua	tion Statement is
4. 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.	\rightarrow
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	ر در المحادث ا	ord. Check only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate inform		: Give record name	itom 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	s change) in item 7c to be deleted in	: Give record name ADD name: Complete item 6a or 6b. ADD name: Complete item 7c; also complete	items 7d-7g (if applicable)
6a. ORGANIZATION'S NAME		//	
TECH PHOTO WEST			
GB. INDIVIDUAL'S LAST NAME FARROW REID	FIRST NAME HOWARD	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	HOWARD		
7a. ORGANIZATION'S NAME			1
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
75. INDIVIDUAL S LAST NAME	THOT WANT	MIDDEL IAME	BOTTIX
c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
THE RESERVE TO SERVE THE TANK OF SERVE	TON THE PROPERTY OF ORGANI	ZATION Z- ODGANIZATIONALID II.	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 79. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	ION 71. JURISDICTION OF ORGANI	ZATION 7g. ORGANIZATIONAL ID #, i	· ·
B. AMENUMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated	collateral description, or describe collater	ral assigned.	
	•		
\ \			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING The adds collateral or adds the authorizing Debtor, or if this is a Termination au 		his is an Assignment). If this is an Amendment authonter name of DEBTOR authorizing this Amendmen	
9a. ORGANIZATION'S NAME PIONNER CITIZENS BA		7	
NEVADA STATE BANK		MIDDLE NAME	louery
9b. INDIVIDUAL'S LAST NAME JACOBO	FIRST NAME XOCHZLT	MIDDLE NAME Y	SUFFIX
0. OPTIONAL FILER REFERENCE DATA			01.00
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