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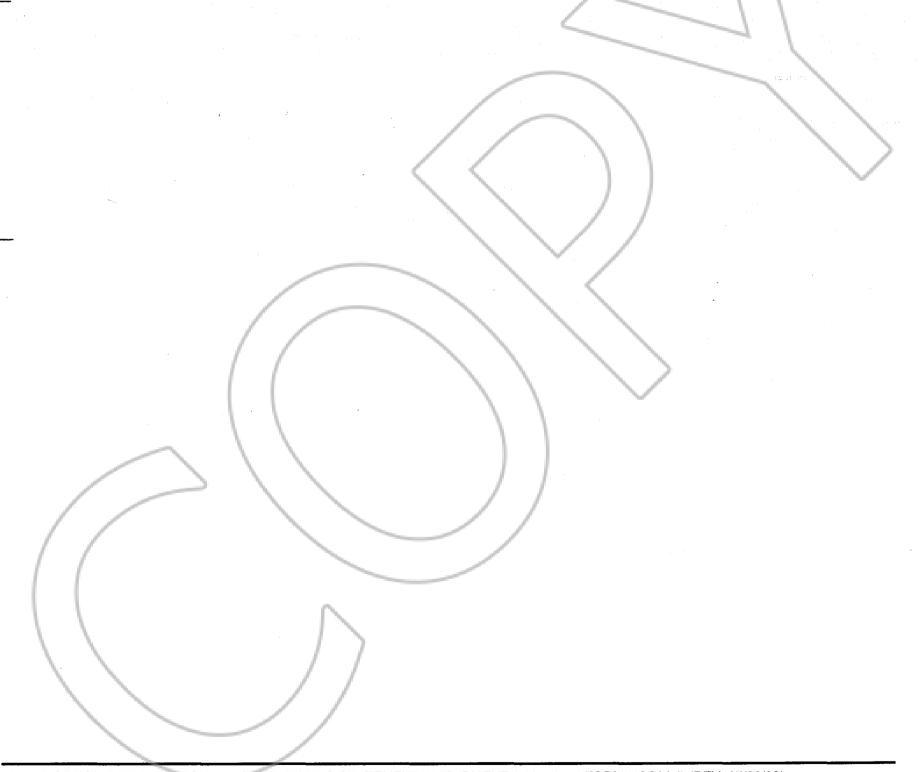
	NAME & PHONE OF CONTACT AT FILER [I	optionalj		•	\wedge	
В.	SEND ACKNOWLEDGMENT TO: (Na Nevada State Development					. •
,	6572 So. McCarran Blvd.	in corporation			\ \	
	Reno, NV 89509				\ \	
_				THIS ABO	OVE SPACE IS FOR FI	
	INITIAL FINANCING STATEMENT FILE # 07420592406		,			ING STATEMENT AME record] (or recorded) in
C	TERMINATION: Effectiveness of the	Financing Statement identified abo	ove is terminated with respect to secu	urity interest(s) of the S		The second secon
[2	CONTINUATION: Effectiveness of the continued for the additional period provide		bove with respect to security interest	t(s) of the Secured Par	rty authorizing this Continua	ation Statement is
	ASSIGNMENT (full or partial):	Give name of assignee in item 7a or	r 7b and address of assignee in item	7c; and also give nam	ne of assignor in item 9.	
	AMENDMENT (PARTY INFORMA			y of record. Check onl	ly <u>one</u> of these two boxes.	
[CHANGE name and/or address: Give cu name (if name change) in item 7a or 7b a			ne: Give record name	ADD name: Co	omplete item 7a or 7b, complete items 7d-7g (it
	CURRENT RECORD INFORMATION:					
	6a. ORGANIZATION'S NAME			///		
ļ	<u> </u>		FIRST NAME		AMDDI E MAAAF	leustiv
1				45	MIDDLE NAME	ISUFFIX
•	6b. INDIVIDUAL'S LAST NAME Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME	MATION:	Dennis			.
	Bertucci CHANGED (NEW) OR ADDED INFORM	MATION:			MIDDLE NAME	SUFFIX
	Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME	MATION:	Dennis			SUFFIX
	Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	MATION: I 7e. TYPE OF ORGANIZATIO	FIRST NAME CITY		MIDDLE NAME	SUFFIX E COUNTR
	Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION	Te. TYPE OF ORGANIZATION ANGE): check only one box. or give entire restated collateral and machinery attached to	FIRST NAME CITY ON 7F. JURISDICTION OF ORGA Il description, or describe collateral or becoming a part of the re	anization assigned.	MIDDLE NAME STATE POSTAL CODI 7g. ORGANIZATIONAL ID	SUFFIX E COUNTR #, If any
	Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS MENDMENT (COLLATERAL CHAPESCRIBE Collateral deleted or added, a loan and / or hereafter acquired, a real property to which the fixtures	7e. TYPE OF ORGANIZATION ANGE): check only one box. or give entire restated collatera and machinery attached to wherever located and the	FIRST NAME CITY ON 7F. JURISDICTION OF ORGA Il description, or describe collateral or becoming a part of the reproceeds therefrom.	assigned.	MIDDLE NAME STATE POSTAL CODI 7g. ORGANIZATIONAL ID owned, purchased w	SUFFIX E COUNTR #, If any No
M T OF FA	Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN	7e. TYPE OF ORGANIZATION ANGE): check only one box. or give entire restated collatera and machinery attached to wherever located and the	FIRST NAME CITY ON 7F. JURISDICTION OF ORGA Il description, or describe collateral or becoming a part of the reproceeds therefrom.	assigned.	MIDDLE NAME STATE POSTAL CODI 7g. ORGANIZATIONAL ID owned, purchased w	SUFFIX E COUNTR #, If any No
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AI AI P	Bertucci CHANGED (NEW) OR ADDED INFORM 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS MENDMENT (COLLATERAL CHAPESCRIBE Collateral deleted or added, a loan and / or hereafter acquired, a real property to which the fixtures	Te. TYPE OF ORGANIZATION ANGE): check only one box. or give entire restated collaterated and machinery attached to wherever located and the are affixed, or shall be affixed.	FIRST NAME CITY ON 7F. JURISDICTION OF ORGA Il description, or describe collateral or becoming a part of the reproceeds therefrom. ixed is described on Exhibit	assigned. eal property, now "A" attached here	MIDDLE NAME STATE POSTAL CODI 7g. ORGANIZATIONAL ID owned, purchased we eto and, by reference	#, If any No
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FIL 7509 Madison Ave., Suite 111 Citrus Heights, CA 95610

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	CC FINANCING STATE OLLOW INSTRUCTIONS (front and back) CA	그들은 물로 들어가는 걸다 하지 않는 것이다.	NT ADDENDUM
	INITIAL FINANCING STATEMENT FILE # (07420592406	same as item 1a on Amendment form)	
12.	NAME OF PARTY AUTHORIZING THIS AN 12a. ORGANIZATION'S NAME Nevada State Developmen		ment form)
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for additional information		

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FILING OFFICE COPY— NATIONAL UCC FINANCING STATEMENT AMENDMENT Addendum (FORM UCC3Ad) (REV. 07/29/98)

Anchor Commercial Services (916) 962-7500 7509 Madison Ave., Suite 111 Citrus Heights, CA 95610



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2001 OCT 18 AM 11: 11

LINDA SLATER
RECORDER

PAID BCDEPUTY