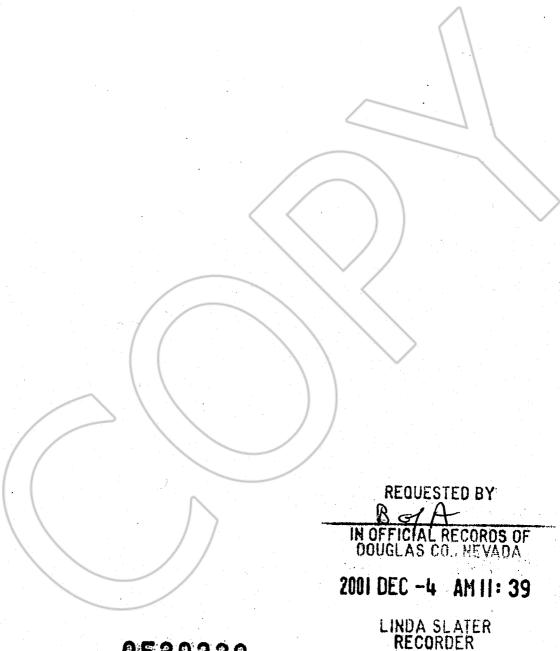
		and the second s		
UCC FINANCING STATEMENT AMENDME	NT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			A	
A. NAME & PHONE OF CONTACT AT FILER [optional]  Coni Morreira 916-861-5337				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Bank of America, N.A.			\ \	
P.O. Box 1186	1		\ \	
Rancho Cordova, CA 95741			\	\
Attn: Coni Morreira		_	\	\
, and a second second				\
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA	ACE IS FOR FILING OFFICE	
91-09722			to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respe	ct to security interest(s) of the		
3. CONTINUATION: Effectiveness of the Financing Statement identified at	bove with respect to sec	urity interest(s) of the Secured	Party authorizing this Continuat	on Statement is
continued for the additional period provided by applicable law.	4.//			1
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d address of assignee in	item 7c; and also give name of	assignor in item 9.	
,	7, III 7,	Party of record. Check only or	e of these two boxes.	
Also check one of the following three boxes and provide appropriate information in	The state of the s	I FTF name: Give record name	a CT ADD name: Complete it	em 7a or 7h, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	ge) in item 7c.	LETE name: Give record name be deleted in item 6a or 6b.	item 7c; also complete i	tem 7a or 7b, and also tems 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			/	
		\		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				<u> </u>
7a. ORGANIZATION'S NAME	1		1	
	76.	The state of the s	N	
OR	GIDOT MANE		TAUDDLE NAME	LOUEELV
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7B. INDIVIDUAL'S LAST NAME				
7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS	FIRST NAME		MIDDLE NAME  STATE POSTAL CODE	SUFFIX
7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	CITY	OF ORGANIZATION		COUNTRY
76. MAILING ADDRESS	CITY	OF ORGANIZATION	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	CITY	OF ORGANIZATION	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	CITY 7f. JURISDICTION	<del>/ /</del>	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   8. AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY 7f. JURISDICTION	<del>/ /</del>	STATE POSTAL CODE	COUNTRY
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76. MAILING ADDRESS  76. TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   restated collateral restated collateral or adds the authorizing Debtor, or if this is a Termination authorized    9a. ORGANIZATION'S NAME   Bank of America, N.A.  9b. INDIVIDUAL'S LAST NAME	CITY  7f. JURISDICTION  teral description, or description  MENDMENT (name of ed by a Debtor, check her	eribe collateral assigned.	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, i  nt). If this is an Amendment authorizing this Amendment	COUNTRY  I any  NONE
76. MAILING ADDRESS  76. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral restated res	CITY  7f. JURISDICTION  teral description, or description  MENDMENT (name of ed by a Debtor, check her	eribe collateral assigned.	STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, i  nt). If this is an Amendment authorizing this Amendment	COUNTRY  I any  NONE

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)



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