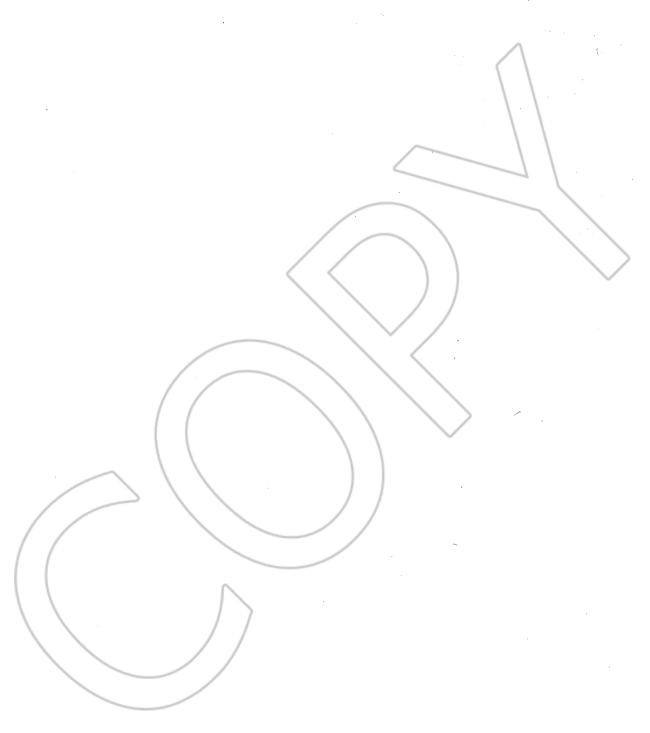
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Filed with: Douglas, NEVADA			
JCC FINANCING STATEMENT AMENDMEN	<b>T</b>	^	
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
7. TO THE G. THOME OF CONTINUE TO THE TELEVISION OF THE TELEVISION		\ \	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·	\ \	*
Continental Wingate Loan		\	\
Administration		\	\
One Charles River Place 63 Kendrick Street	_		. \
Needham, MA 02494			€.
Attn: Paralegal			
<u> </u>	THE ABOVE S	PACE IS FOR FILING OFFIC	
ta. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STAT to be fied [for record]	(or recorded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of	the Secured Party authorizing the	
3.   CONTINUATION: Effectiveness of the Financing Statement identified ab			
Continued for the additional period provided by applicable law.  4.  X   ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	t address of assignee in item 7c; and also give nam	ne of assignor in item 9	
	btor or. Secured Party of record. Check only on		·
Also check one of the following three boxes and provide appropriate information	in items 6 and/or 7.		
CHANGE name and/oraddress: 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)		me ADD name: Complete	item 7a or 7b, and also items 7d-7g (if applicable)
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	<del></del>	· · · · · · · · · · · · · · · · · · ·	·
OR			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MID DLE NAME	SUFFIX
7. CHANGED (NEW) OR AD DED INFORMATION:	<del></del>		
7a. ORGANIZATION'S NAME			
			_
OR See item 8 below for name and addres		MIDDLE NAME	SUFFIX
OR See item 8 below for name and address 7b. INDIVIDUAL'S LAST NAME	ss of assignee FIRST NAME	MIDDLE NAME	SUFFIX
		MIDDLE NAME STATE POST CODE	SUFFIX
7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS	FIRST NAME  CITY	STATE POST CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME	FIRST NAME  CITY		COUNTRY
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7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFORE ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME  CITY  7f. JURISDICTION OF ORGANIZATION	STATE POST CODE	COUNTRY
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7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFORE OR GANIZATION OR GANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral or continental wingate Associates, In One Charles River Place   63 Kendrick Street   Needham, Massachusetts   02494	FIRST NAME  CITY  7f. JURISDICTION OF ORGANIZATION  description, or describe collateral X assigned.	STATE POST CODE	COUNTRY
7c. MAILING ADDRESS  7d. TAX ID #: SSN OR EIN   ADD'L INFORE ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Te. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR   Testated collateral organization orgive entire organizated collateral organization orgive entire organizated collateral organization organ	CITY  7f. JURISDICTION OF ORGANIZATION  description, or describe collateral X assigned.	STATE POST CODE  7g. ORGANIZATIONAL ID#	COUNTRY  , if any  NONE
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## REQUESTED BY STEWART TITLE OF DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO. HEVADA

2001 DEC 24 AM 10: 59

LINDA SLATER RECORDER

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