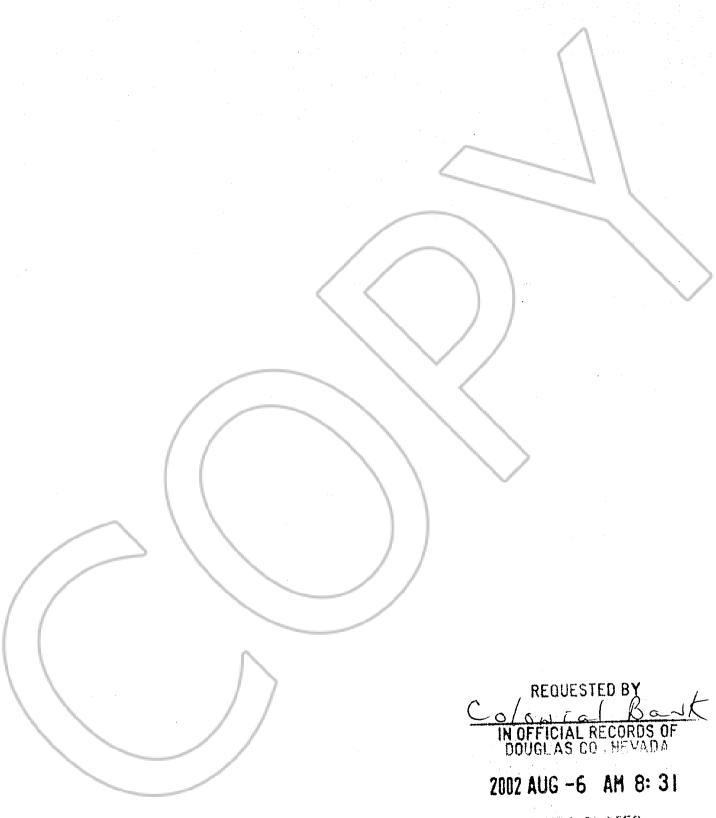
UCC FINANCING STATEMENT AMENDME!	NT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
D. SEND ASKNOWN EDGNENT TO: (Name and Address)				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Colonial Bank				
2330 S. Virginia St	•			
Reno, NV. 89502			, J	
Attn: Andrea Klink		/		
		HE ABOVE SPAC	E IS FOR FILING OFFICE	E USE ONLY
18. INITIAL FINANCING STATEMENT FILE #			1b. This FINANCING STATE to be filed [for record] (or	
#0490159			REAL ESTATE RECOR	os.
2. X TERMINATION: Effectiveness of the Financing Statement identified above				7
3. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	pove with respect to security interes	t(s) of the Secured F	arty authorizing this Continua	tion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and 5. AMENDMENT (PARTY INFORMATION): This Amendment affects D	the state of the s			
Also check one of the following three boxes and provide appropriate information in	Pebtor or Secured Party of rec	ord. Check only <u>one</u>	of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in Item 7a or 7b and/or new address (if address change)	76.	: Give record name	ADD name: Complete	item 7a or 7b, and also items 7d-7g (if applicable).
In name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION:	je) in item 7c. Lui to be deleted i	n item 6a or 6b.	item 7c; also complete	items 7d-7g (if applicable).
6a. ORGANIZATION'S NAME		//		
66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
	1 1		•	1
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME			1	
OR 7b. INDIVIDUAL'S LAST NAME	1			
76. INDIVIDUAL'S LAST NAME	FIRST NAME	~	MIDDLE NAME	SUFFIX
Zo MALING ADDRESS	CITY CITY		STATE 1205741 0055	COUNTRY
	СПҮ	:	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS				
	7f JURISDICTION OF ORGAN	IZATION	70 ORGANIZATIONAL ID #	if any
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	71. JURISDICTION OF ORGAN	IZATION	7g. ORGANIZATIONAL ID #,	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGAN	IZATION	7g. ORGANIZATIONAL ID #,	if any NONE
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.			7g. ORGANIZATIONAL ID #,	
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RECORDER

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