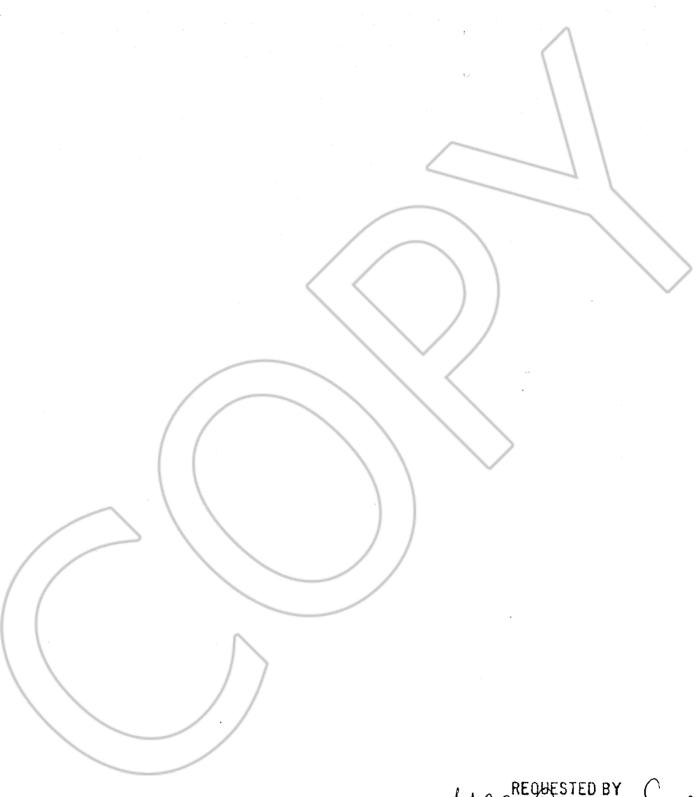
)	

UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS (front and back) CAREF	MENDMEN	I T				
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-32) 662-4141			1	
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address		´			\ \	
	7 310242 11LX1	NOINZ —			\ \	
UCC Direct Services	5638938	3.1			\ \	
P.O. Box 29071 Glendale, CA 91209-9071	NVNV				\ \	
			THE	AROVE SPACE I	S FOR FILING OFFICE U	SE ONLY
.1a. INITIAL FINANCING STATEMENT FILE # 0439945 05-19-98 CC NV Douglas				1b. Thi	s FINANCING STATEMEN se filed [for record] (or record). AL ESTATE RECORDS.	NT AMENDMENT is
2. TERMINATION: Effectiveness of the Financing State	ment identified above	is terminated with re	spect to security interes			rmination Statement.
3. X CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable la	ment identified above aw.	with respect to the s	ecurity interest(s) of the	Secured Party au	thorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assign	nee in item 7a or 7t	and address of a	ssignee in 7c; and a	lso give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment		76 -	Party of record. Check	only <u>one</u> of these	e two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provid CHANGE name and/or address: Give current record name i name (if name change) in item 7a or 7b and/or new address	n item 6a or 6b; also g	give new 🦳 🗅	and/or 7. ELETE name: Give reco be deleted in item 6a o		ADD name: Complete iten item 7c; also complete iter	
6. CURRENT RECORD INFORMATION:				/		
6a. ORGANIZATION'S NAME Q.M. Corporation		`	\ `/			
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		$\overline{}$		1		<u> </u>
7a. ORGANIZATION'S NAME			——————————————————————————————————————			
OR			/ '	$\langle \ \rangle$		
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	\	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID#: SSN or EIN ADD'L INFO RE 7e. TYPE OF 0 ORGANIZATION DEBTOR	DRGANIZATION	7f. JURISDICTION (OF ORGANIZATION	7g. ORGA	NIZATIONAL ID#, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only Describe collateral deleted or added, or give entire		al description, or de	escribe collateral a	ssigned		
\ \	\					
)					
9. NAME of SECURED PARTY of RECORD AUTHORIZI adds collateral or adds the authorizing Debtor, or if this is a Term Term	NG THIS AMENDA	MENT (name of assi	gnor, if this is an Assign		. Amendment authorized bzing this Amendment.	y a Debtor which
9a. ORGANIZATION'S NAME Litchfield Financial Corporation	auton admonized by	a Debior, check her	and enter name of	DEDITOR AUTHOR	zing this Amenument.	<u> </u>
OR 9b. INDIVIDUAL'S LAST NAME	·	FIRST NAME		MIDDLE 1	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		12)				
5638938.1 Debtor Name: Q.M. Corporation [Douglas County	y, NV QM Co	rp			



IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2002 DEC -5 AM 10: 46

LINDA SLATER
RECORDER

\$2000 PCDEPUTY

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