				C # 0(8/2006 01:36) OFFICIAL Requested T AMERICAN TI	RECORD i By:
ICC FINANCING STAT OLLOW INSTRUCTIONS (front and A. NAME & PHONE OF CONTACT A	back) CAREFULLY	NT		Douglas Coun Werner Christen	tv - NV
AMY CARAMAZZA (77:	• • •		Page:		Fee: 40
B. SEND ACKNOWLEDGMENT TO:	(Name and Address)		BK- ().		1.
Z LOAN & INVEST	TMENT. LLC	1	, [4]		
P. O. BOX 12459	•			···· === =	- 1184 - 1111 1881
ZEPHYR COVE, N	V 89448	j			. \
REF: ZAVADIL #2	5				1
a. INITIAL FINANCING STATEMENT FIL	E#		THE ABOVE S	PACE IS FOR FILING OFFI 1b. This FINANCING STA	TEMENT AMENDMENT is
582714				to be filed [for record] REAL ESTATE RECO	ORDS.
TERMINATION: Effectiveness of CONTINUATION: Effectiveness				he Secured Party authorizing this	Termination Statement.
continued for the additional period	of the Financing Statement identified a provided by applicable law.	above with respect to security intel	rest(s) of the Secu	red Party Editionizing this Comunic	Iation Statement is
	ive name of assignee in item 7a or 7b a				
AMENDMENT (PARTY INFORMA	ATION): This Amendment affects xes and provide appropriate information	The state of the s	record. Check only	y <u>one</u> of these two boxes.	
CHANGE name and/or address: Pleasin regards to changing the name/addr	se refer to the detailed instructions	DELETE name: Give rec	ord name	ADD name: Complete item also complete items 7e-7g	m 7a or 7b, and also item 7c;
CURRENT RECORD INFORMATION		D be deleted in item os c		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Ita approcusor.
Ba. ORGANIZATION'S NAME					
86. INDIVIDUAL'S LAST NAME		FIRST NAME	-	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFO	RMATION:				
7a. ORGANIZATION'S NAME	/ /	/ /	1		
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	\	MIODLE NAME	SUFFIX
			\		
MAILING ADDRESS	\ \	CITY		STATE POSTAL CODE	COUNTRY
. SEE INSTRUCTIONS ADD'L INF		7f. JURISDICTION OF ORG.	ANIZATION	7g. ORGANIZATIONAL ID I	#, if any
ORGANIZ. DEBTOR	ATION .		/	_	
AMENDMENT (COLLATERAL CH Describe collateral deleted or		iteral description, or describe coll	ateral assigne	od.	
	//				
adds collateral or adds the authorizing D					
adds collateral or adds the authorizing D 9a. ORGANIZATION'S NAME	ebtor, or if this is a Termination authoriz	ed by a Debtor, check here an	nd enter name of D	EBTOR authorizing this Amendr	
9a. ORGANIZATION'S NAME		ed by a Debtor, check here an	nd enter name of D	EBTOR authorizing this Amendr	

OLLOW INSTRUCTION	NS (front and back)							
14. INITIAL FINANCING 582	STATEMENT FILE	# (same as item 1a on Amendm	ent form)				\ \	
15. NAME OF PARTY	UTHORIZING THIS	AMENDMENT (same as item	9 on Am	endment form)			\ \	
15a, ORGANIZATION'S								
DICHADD A	MD CADOL AL	USLEN FAMILY TR	HCT.	CAROLATIST			\ \	
15b. INDIVIDUAL'S LA		FIRST NAME	.031 -	MIDDLE NAME, SUFFIX			\ \	
						The Real Property lies, the Re	_ \ \	
16,MISCELLANEOUS								\
					THE ABOVE	SPACE I	s for filing offic	E USE ONLY
17 ADDITIONAL DERI	OR'S EXACT FULL	LEGAL NAME - insert only one	name (1	7a or 17b) - do not abbreviate				
17a. ORGANIZATION'S						1		
OR 17b. INDIVIDUAL'S LA	ST NAME		FIRS	TNAME		MIDDLE	NAME	SUFFIX
			СПУ			STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS			CITY		/ /	JANE	POSIAL GODE	000111111
7d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. s	URISDICTION OF ORGANIZA	NTION	17g. ORG	SANIZATIONAL ID#, if an	NONE
8. ADDITIONAL DEB		LEGAL NAME - insert only one	name (1	8a or 18b) - do not abbreviate	or combine name	98		
18a, ORGANIZATIONS			No.					
OR 186. INDIVIDUAL'S LA	ST NAME		FIRS	TNAME	$\overline{}$	MIDDLE	NAME	SUFFIX
				/ /		1		COUNTRY
8c. MAILING ADDRESS			СПҮ	/ /		STATE	POSTAL CODE	COOKING
8d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f	IURISDICTION OF ORGANIZA	ATION	18g. OR0	GANIZATIONAL ID#, if an	NON
9. ADDITIONAL DEB		LEGAL NAME - insert only on	e name (1	9a or 19b) - do not abbreviate	or combine name	35		
19a, ORGANIZATION'S	NAME			/ /				
196, INDIVIDUAL'S LA	ST NAME		FIRS	TNAME		MIDDLE	NAME	SUFFIX
				/_/_				
9c. MAILING ADDRESS			СПҮ		•	STATE	POSTAL CODE	COUNTRY
19d. <u>SEEINSTRUCTIONS</u>	ORGANIZATION	19e, TYPE OF ORGANIZATION	19f.	JURISDICTION OF ORGANIZA	ATION	19g. OR	GANIZATIONAL ID#, if an	ny Non
ADDITIONAL SECT	DEBTOR	AME (or Name of TOTAL ASSIGN	MEED inc	ert only one name /20s or 20h	d			LINON
20a. ORGANIZATION		AME OF NAME OF TOTAL ASSIST	(42C) - III	or only <u>one</u> name (200 or 200	<u>''</u>	-		
OR 206. INDIVIDUAL'S LA	ST NAME	-/-/	FIRS	ST NAME	<u></u>	MIDDLE	NAME	SUFFIX
BARNETT		/ /	D.	AVID		E		
20c, MAILING ADDRESS 3170 HWY 50 - 5	erre e	/ /	CITY	OUTH LAKE TAH	OE	STATE	POSTAL CODE 96150	COUNTRY
	The same of the sa	AME (or Name of TOTAL ASSIG						<u> </u>
21a. ORGANIZATION		THE PROPERTY OF THE PROPERTY OF						•
OR 216. INDIVIDUAL'S LA	ST NAME		FIRS	ST NAME		MIDOLE	NAME	SUFFIX
DONOVAN			JO)HN		N		
21c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY

RENO

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1869 ROLLING BROOK CT



89509

BK- 0506 PG- 7217 05/18/2006

JCC FINANCING STATE OLLOW INSTRUCTIONS (front at	EMENT AMENDMENT AD nd back) CAREFULLY	DITIONAL PARTY	\wedge	
14. INITIAL FINANCING STATEME 582714	NT FILE # (same as item 1a on Amendm	ent form)	\ \	
	ING THIS AMENDMENT (same as item	Dan Amandmant form)	\ \	
15a. ORGANIZATION'S NAME	MG 1112 WMCMDWCM1 (same as rem	9 On Amendment form)	\ \	
RICHARD AND CAR	OL AUSLEN FAMILY TR		\ \	
15b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
				\
16.MISCELLANEOUS		_		\
				/
				1
		TUE	ABOVE SPACE IS FOR FILING OFF	ICE USE ONLY
Z ADDITIONAL DEDTORIS EVA	OT SUBLISCAL MANS in the control			ICE DSE ONL T
17a. ORGANIZATION'S NAME	CT FULL LEGAL NAME - Insert only one	name (17a or 17b) - do not abbreviate or combi	ne names	
		/ / '	\ \	
R 176, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
			/ //	
c. MAILING ADDRESS		спу	STATE POSTAL CODE	COUNTRY
d. SEEINSTRUCTIONS ADD'L IN	NFO RE 17e. TYPE OF ORGANIZATION	17f, JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID#, if	any
ORGAN DEBTOR		<u> </u>		NON
	CT FULL LEGAL NAME - insert only one	name (18a or 18b) - do not abbreviate or combi	ne names	
18a, ORGANIZATION'S NAME				
R 405 INDIVIDUALIST ASTAIANS				lousev
18b. INDIVIDUAL'S LAST NAME	/ /	FIRST NAME	MIDDLE NAME	SUFFIX
	//		GTATE IDOUTAL CODE	COLUMBBY
c. MAILING ADDRESS		СПҮ	STATE POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS ADD'L II	NFO RE 18s. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID#, if	anv
ORGAN	ZATION 1	Tax. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	i or	
DEBTOR		name (19a or 19b) - do not abbreviate or combi	ine pames	INON
19a, ORGANIZATION'S NAME	CT FOLL LEGAL INVINC - MISER ONLY ONE	marrie (194 or 196) - de not abuleviale or corred	IIO MILIOS	
		/ /		
196. INDIVIDUAL'S LAST NAME	1	FIRST NAME	MIDDLE NAME	SUFFIX
C. MAILING ADDRESS		ary	STATE POSTAL CODE	COUNTRY
/				
ed. <u>SEEINSTRUCTIONS</u> ADD'L IN ORGAN	NFO RE 19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID #, if	апу
DEBTOR		<u> </u>	1	NON
	RTY'S NAME (or Name of TOTAL ASSIGN	EE) - insert only <u>one</u> name (20a or 20b)		
20a. ORGANIZATION'S NAME				
R		Trinow Manual	LHIDDI E MAAAF	Toursey.
206. INDIVIDUAL'S LAST NAME	/ /	FIRST NAME	MIDDLE NAME	SUFFIX
KINGMAN DO MAILING ADDRESS		MARY	STATE POSTAL CODE	COUNTRY
P. O. BOX 209		GLENBROOK	NV 89413	33311111
	TOO MALE		114 03413	
1. ADDITIONAL SECURED PAR 21a, ORGANIZATION'S NAME	RTY'S NAME (or Name of TOTAL ASSIGN	i⊨E) - insert only <u>one</u> name (21a or 21b)		
THE MALLARD CO	MPANY			
21b. INDIVIOUAL'S LAST NAME	WIL FAIL I	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		СПҮ	STATE POSTAL CODE	COUNTRY

RENO

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT ADDITIONAL

3490 SOUTHAMPTON DRIVE



89509

BK- 0506 PG- 7218 05/18/2006

UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY	T ADDITIONAL PARTY	\wedge	
14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on / 582.714	Amendment form)	\ \	
15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same	e as item 9 on Amendment form)	\ \	
RICHARD AND CAROL AUSLEN FAMIL	Y TRUST - CAROL AUSI	\ \	
OR 156, INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX	_ \ \	
16,MISCELLANEOUS	<		\
	THEA	BOVE SPACE IS FOR FILING OFFIC	E USE ONLY
17, ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert	t only <u>one</u> name (17s or 17b) - do not abbreviate or combi	ne names	
17a, ORGANIZATION'S NAME	///	\ \	
OR 17b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
17c. MAILING ADDRESS	any	STATE POSTAL CODE	COUNTRY
17d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	ATION 17f, JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID#, if an	y NONE
18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inser	t only <u>one</u> name (18a or 18b) - do not abbreviate or combi	пе памев	
18a, ORGANIZATION'S NAME			
OR 18b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
18c. MAILING ADDRESS	cny	STATE POSTAL CODE	COUNTRY
18d. SEEINSTRUCTIONS ADD'L INFO RE 18e. TYPE OF ORGANIZ ORGANIZATION DEBTOR	ATION 186 JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID #, if an	y NONE
19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inser	t only <u>one</u> name (19a or 19b) - do not abbreviate or comb	ne names	
19a. ORGANIZATION'S NAME	/ /		
OR 196. INDIVIDUAL'S LAST NAME	FIRST NAME	MIODLE NAME	SUFFIX
19c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
19d. SEE INSTRUCTIONS ADD'L INFO RE 19e. TYPE OF ORGANIZATION	ZATION 19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID #, if ar	none
DEBTOR 20, ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL	ASSIGNED - insert only one name (20a or 20b)	1	INCAVE
20a, ORGANIZATION'S NAME	,		
OR 206. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PETERSON	MARVIN	STATE POSTAL CODE	COUNTRY
20c. MAILING ADDRESS P. O. BOX 315	ZEPHYR COVE	NV 89448	
21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTA			
21a. ORGANIZATION'S NAME BRUCE E. SARKIN, MD, A MEDICAL CO			
OR 21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
21c. MAILING ADDRESS	GRASS VALLEY	STATE POSTAL CODE CA 95945	COUNTRY
653 GLENWOOD RD	URADO VALLE I	VA 70770	



BK- 0506 PG- 7219 05/18/2006

FOLLOW INSTRUCTIONS	STATEMENT AMENDMEN (front and back) CAREFULLY TATEMENT FILE # (same as item 1a on 1 4			
15. NAME OF PARTY AL	THORIZING THIS AMENDMENT (san	ne as item 9 on Amendment form)	\	\
15a, ORGANIZATION'S		WITHIET CAROLALISI	\	\
OR 15b, INDIVIDUAL'S LAS	D CAROL AUSLEN FAMIL F NAME FIRST NAME	MIDDLE NAME, SUFFIX	\	\
			. \	\
16.MISCELLANEOUS				\
				\
				- /
		тн	E ABOVE SPACE IS FOR FILING	OFFICE USE ONLY
17. ADDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - inse	nt only <u>one</u> name (17a or 17b) - do not abbreviate or cor	nbine names	
17a, ORGANIZATION'S N	IAME		\\	
OR 175. INDIVIDUAL'S LAST		FIRST NAME.	MIDDLE NAME	SUFFIX
175. INDIVIDUAL'S LAST	NAME	PIKST NAME	MIDDLE HAME	30.112
17c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
			′ / I	
17d. SEE INSTRUCTIONS	ADD'L INFO RE 17s, TYPE OF ORGANI ORGANIZATION	ZATION 17f. JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID	#, if any
	DEBTOR			NONE
18. ADDITIONAL DEBTO		ert only <u>one</u> name (18a or 18b) - do not abbreviate or co	mbine names	
IBE ORGANIZATION ST	WHILE I			
OR 18b, INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	/ /			
18c, MAILING ADDRESS		air	STATE POSTAL CODE	COUNTRY
		ZATION 18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID	# if any
18d. SEEINSTRUCTIONS	ADD'L INFO RE 186. TYPE OF ORGANI ORGANIZATION	ZATION 1181. JURISDICTION OF ORGANIZATION	I IDG. OKOMNEKTIONALIO	D _{NONE}
10 ADDITIONAL BERTO	DEBTOR DEB	ert only <u>one</u> name (19a or 19b) - do not abbreviate or co	mbine names	INONE
19a. ORGANIZATION'S		AT CHAY SILE HANDS (TOBIO TOD) - 20 HIS ADDICTION OF TOD		
200	7 / /	/ /		
19b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12 12 12 12 12 12 12 12 12 12 12 12 12 1		GIIY	STATE POSTAL CODE	COUNTRY
19c. MAILING ADDRESS		GIT	000000000000000000000000000000000000000	
19d. SEEINSTRUCTIONS	ADD'L INFO RE. 19e, TYPE OF ORGAN	ZATION 191. JURISDICTION OF ORGANIZATION	I 18g. ORGANIZATIONAL ID	#, if any
	ORGANIZATION DEBTOR		1	NONE
		AL ASSIGNEE) - insert only one name (20a or 20b)		
20a, ORGANIZATION'S	NAME			
OR 20b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
\	TOWNE	JOHN	A.	-
SCHOPF, JR. 20c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
P. O. BOX 12090	/	ZEPHYR COVE	NV 89448	
		AL ASSIGNEE) - insert only <u>one</u> name (21a or 21b)		
21a, ORGANIZATION'S				
OR 216. INDIVIDUAL'S LAS	TD.	FIRST NAME	MIDDLE NAME	SUFFIX
ZID. INDIVIDUAL G LAG	· versettle			
21c. MAILING ADDRESS		СПҮ	STATE POSTAL CODE	COUNTRY
3490 SOUTHAM	PTON DRIVE	RENO	NV 89509	

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BK- 0506 PG- 7220 05/18/2006

507	STATEMENT FILE	# (same as item 1a on Amenda	ment form)		\ \	
5. NAME OF PARTY	AUTHORIZING THI	S AMENDMENT (same as ite	m 9 on Amendment form)		\ \	
15a. ORGANIZATION'S		IICI EN BAMII V TI	RUST - CAROL AUSI		\ \	
15b, INDIVIDUAL'S LA		FIRST NAME	MIDDLE NAME, SUFFIX		\ \	
				The same of the sa	\	\
6.MISCELLANEOUS						\
				Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is		
				-		
						, \
			THEABC	OVE SPACE	IS FOR FILING OFFI	CE USE ONLY
		L LEGAL NAME - insert only or	ne name (17a or 17b) - do not abbreviate or combine r	ames		
17a, ORGANIZATION'S	NAME		/ / \	1		
OR 176. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS			arr	STATE	POSTAL CODE	COUNTRY
					J	
7d. <u>SEEINSTRUCTIONS</u>	ORGANIZATION	176. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. OR	GANIZATIONAL ID#, if a	
a ADDITIONAL DEDI	DEBTOR	L LEGAL MARKE	20 401 4 4 10 44	<u> </u>		Nov
18a. ORGANIZATION'S		L LEGAL NAME - Insert only of	ne name (18a or 18b) - do not abbreviate or combine r	names		
				N		
186, INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
8c. MAILING ADDRESS			СПУ	STATE	POSTAL CODE	COUNTRY
			The state of the s		•	
8d. SEEINSTRUCTIONS		18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. OR	SANIZATIONAL ID#, if a	ny
8d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	186. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. OR	GANIZĂTIONAL ID#, if a	iny NON
9. ADDITIONAL DEBT	ORGANIZATION DEBTOR OR'S EXACT FUL	\	18f. JURISDICTION OF ORGANIZATION	<u> </u>	SANIZATIONAL ID#, if a	
	ORGANIZATION DEBTOR OR'S EXACT FUL	\		<u> </u>	GANIZATIONAL ID#, if a	
9. ADDITIONAL DEBT	ORGANIZATION DEBTOR OR'S EXACT FUL	\	i n <u>e</u> name (19a or 19b) - do not abbreviate or combine r	<u> </u>	3	
9. ADDITIONAL DEBT	ORGANIZATION DEBTOR OR'S EXACT FUL	\		names	3	NON
9. ADDITIONAL DEBT	ORGANIZATION DEBTOR OR'S EXACT FUL	\	i n <u>e</u> name (19a or 19b) - do not abbreviate or combine r	names	3	NON
9. ADDITIONAL DEBT 19a. ORGANIZATION'S DR 19b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR OR'S EXACT FUL	\	ne name (19a or 19b) - do not abbreviate or combine n	MIDDLE	NAME	SUFFIX
9. ADDITIONAL DEBT 19a. ORGANIZATION'S DR 19b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME	\	ne name (19a or 19b) - do not abbreviate or combine n	MIDDLE STATE	NAME	SUFFIX
9. ADDITIONAL DEBT 19a. ORGANIZATIONS 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR	L LEGAL NAME - insert only or	FIRST NAME CITY 196. JURISDICTION OF ORGANIZATION	MIDDLE STATE	NAME POSTAL CODE	SUFFEX
9. ADDITIONAL DEBT 19a. ORGANIZATIONS 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR JRED PARTY'S N	L LEGAL NAME - insert only or	ne name (19a or 19b) - do not abbreviate or combine r	MIDDLE STATE	NAME POSTAL CODE	SUFFIX
9. ADDITIONAL DEBT 19a. ORGANIZATION'S 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS 20. ADDITIONAL SECU	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR IRED PARTY'S N	L LEGAL NAME - insert only or L LEGAL NAME - insert only or 18e. TYPE OF ORGANIZATION L AME (or Name of TOTAL ASSIG	FIRST NAME CITY 19f. JURISDICTION OF ORGANIZATION SNEE) - insert only one name (20a or 20b)	MIDDLE STATE	NAME POSTAL CODE	SUFFIX
9. ADDITIONAL DEBT 19a. ORGANIZATION'S 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS 20. ADDITIONAL SECU	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR FRAME E EQUIPMEN	L LEGAL NAME - insert only or L LEGAL NAME - insert only or 18e. TYPE OF ORGANIZATION L AME (or Name of TOTAL ASSIG	FIRST NAME CITY 196. JURISDICTION OF ORGANIZATION	MIDDLE STATE	NAME POSTAL CODE GANIZATIONAL ID #, if a	SUFFIX
9. ADDITIONAL DEBT 19a. ORGANIZATION'S DR 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS 10b. ORGANIZATION'S DR ADDITIONAL SECU 10b. ORGANIZATION'S BACKSTAG 20b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR FRAME E EQUIPMEN	L LEGAL NAME - insert only or L LEGAL NAME - insert only or 18e. TYPE OF ORGANIZATION L AME (or Name of TOTAL ASSIG	FIRST NAME FIRST NAME CITY 19f. JURISDICTION OF ORGANIZATION SNEE) - insert only goe name (20a or 20b) BENEFIT PLAN, ET.AL. FIRST NAME	MIDDLE STATE 19g. ORG	NAME POSTAL CODE GÁNIZATIONAL ID #, if a	SUFFIX COUNTRY NON
9. ADDITIONAL DEBT 19a. ORGANIZATION'S 19b. INDIVIOUAL'S LAS 8c. MAILING ADDRESS 9d. SEEINSTRUCTIONS 20. ADDITIONAL SECU 20a. ORGANIZATION'S BACKSTAG 20b. INDIVIDUAL'S LAS 20c. MAILING ADDRESS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR JRED PARTY'S N NAME E EQUIPMEN ST NAME	L LEGAL NAME - insert only or L LEGAL NAME - insert only or 18e. TYPE OF ORGANIZATION L AME (or Name of TOTAL ASSIG	FIRST NAME THE ST NAME	MIDDLE STATE 199. ORG	NAME POSTAL CODE SANIZATIONAL ID #, if a	SUFFIX COUNTRY
9. ADDITIONAL DEBT 19a. ORGANIZATION'S 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS 20. ADDITIONAL SECU 20a. ORGANIZATION'S BACKSTAG 20b. INDIVIDUAL'S LAS 20c. MAILING ADDRESS 8052 LANKERS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR JRED PARTY'S N S NAME E EQUIPMEN ST NAME HIM BLVD.	L LEGAL NAME - insert only or 18e. TYPE OF ORGANIZATION IMME (or Name of TOTAL ASSIGNT, INC. DEFINED B	FIRST NAME CITY 191. JURISDICTION OF ORGANIZATION SINCE) - insert only one name (20a or 20b) SENEFIT PLAN, ET.AL. FIRST NAME CITY NORTH HOLLYWOOD	MIDDLE STATE 19g. ORG	NAME POSTAL CODE GÁNIZATIONAL ID #, if a	SUFFIX COUNTRY NON
9. ADDITIONAL DEBT 19a. ORGANIZATION'S 19b. INDIVIOUAL'S LAS 9c. MAILING ADDRESS 9d. SEEINSTRUCTIONS 20. ADDITIONAL SECU 20a. ORGANIZATION'S BACKSTAG 20b. INDIVIDUAL'S LAS 20c. MAILING ADDRESS 8052 LANKERS	ORGANIZATION DEBTOR OR'S EXACT FUL NAME ADD'L INFO RE ORGANIZATION DEBTOR PRED PARTY'S N ENAME E EQUIPMEN ST NAME HIM BLVD. JRED PARTY'S N	L LEGAL NAME - insert only or 18e. TYPE OF ORGANIZATION IMME (or Name of TOTAL ASSIGNT, INC. DEFINED B	FIRST NAME THE ST NAME	MIDDLE STATE 199. ORG	NAME POSTAL CODE SANIZATIONAL ID #, if a	SUFFIX COUNTRY NON
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15.	NAME OF PARTY AU	THORIZING THIS	AMENDMENT (same as	item 9 on Ame	ndment form)	}		\ \	
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OR	15b. INDIVIDUAL'S LAST	NAME	FIRST NAME	<u></u>	MIDDLE NAME, SUFFIX			\ \	
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	UTHORIZING TH	IS AMENDMENT (same a	s item 9 an Amendmen	t form)		\	\
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ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE	LL LEGAL NAME - insert on	FIRST NAME	1	r combine names MiDi	DLE NAME	SUFFIX
ADDITIONAL DEBTO 1993. ORGANIZATION'S I 1995. INDIVIOUAL'S LAS MAILING ADDRESS	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION	LL LEGAL NAME - insert on	FIRST NAME) - do not abbreviate o	r combine names MiDi	DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 199. ORGANIZATION'S 199. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR	LL LEGAL NAME - insert on	FIRST NAME CITY ON 19f. JURISDIC	i) - do not abbreviate or	r combine names MiDi	DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 199. ORGANIZATION'S 199. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I	LL LEGAL NAME - insert on	FIRST NAME CITY ON 19f. JURISDIC	i) - do not abbreviate or	r combine names MiDi	DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTIONS 19b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS ADDITIONAL SECUI 20a. ORGANIZATION'S WARP FACTO	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PEI	LI, LEGAL NAME - insert on	FIRST NAME CITY ON 19f. JURISDIC	i) - do not abbreviate or	r combine names MiDi	DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTIONS 19b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS ADDITIONAL SECUI 20a. ORGANIZATION'S	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PEI	LI, LEGAL NAME - insert on	FIRST NAME CITY ON 19f. JURISDIC	i) - do not abbreviate or	r combine names MID STA TON 19g.	DLE NAME TE POSTAL CODE	SUFFIX
ADDITIONAL DEBTIONS 19b. ORGANIZATION'S 19b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS ADDITIONAL SECUI 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PEI	LI, LEGAL NAME - insert on	FIRST NAME CITY ON 19f JURISDIC SIGNEE) - insert only gr	i) - do not abbreviate or	r combine names MIDI STA TON 199.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID &	SUFFIX COUNTRY
ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIOUAL'S LAS MAILING ADDRESS ADDITIONAL SECUT 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PEI	LI, LEGAL NAME - insert on	FIRST NAME CITY ON 19f. JURISDIC SIGNEE) - insert only of	TION OF ORGANIZAT	r combine names MIDI STA TON 19g.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID S DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS ADDITIONAL SECUI 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS MAILING ADDRESS O. BOX 5097	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PET	19e. TYPE OF ORGANIZATE NAME (or Name of TOTAL AS	FIRST NAME CITY ON 19f. JURISDIC SIGNEE) - insert only or FIRST NAME	TION OF ORGANIZAT	r combine names MIDI STA TON 199.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID S DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS ADDITIONAL SECUI 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS MAILING ADDRESS O. BOX 5097	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PET T NAME	LI, LEGAL NAME - insert on	FIRST NAME CITY ON 19f. JURISDIC SIGNEE) - insert only or FIRST NAME	TION OF ORGANIZAT	r combine names MIDI STA TON 19g.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID S DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIDUAL'S LAS MAILING ADDRESS ADDITIONAL SECUT 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS MAILING ADDRESS O. BOX 5097 ADDITIONAL SECUT	ORGANIZATION DEBTOR OR'S EXACT FUI NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S I NAME OR ONE PET T NAME	19e. TYPE OF ORGANIZATE NAME (or Name of TOTAL AS	FIRST NAME CITY ON 19f. JURISDIC SIGNEE) - insert only or FIRST NAME	TION OF ORGANIZAT	r combine names MIDI STA TON 19g.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID S DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIDUAL'S LAS MAILING ADDRESS ADDITIONAL SECUT 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS MAILING ADDRESS O. BOX 5097 ADDITIONAL SECUT	ORGANIZATION DEBTOR OR'S EXACT FUINAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S INAME OR ONE PET T NAME RED PARTY'S INAME	19e. TYPE OF ORGANIZATE NAME (or Name of TOTAL AS	FIRST NAME CITY ON 19f. JURISDIC SIGNEE) - insert only or FIRST NAME	TION OF ORGANIZAT	r combine names MIDI STA NON 199.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID S DLE NAME TE POSTAL CODE	SUFFIX COUNTRY
ADDITIONAL DEBTO 19a. ORGANIZATION'S 19b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS ADDITIONAL SECUI 20a. ORGANIZATION'S WARP FACTO 20b. INDIVIDUAL'S LAS MAILING ADDRESS O. BOX 5097 ADDITIONAL SECUI 21a. ORGANIZATION'S	ORGANIZATION DEBTOR OR'S EXACT FUINAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR RED PARTY'S INAME OR ONE PET T NAME RED PARTY'S INAME	19e. TYPE OF ORGANIZATE NAME (or Name of TOTAL AS	FIRST NAME CITY ON 19f. JURISDIC SIGNEE) - insert only gr FIRST NAME CITY STATEI SIGNEE) - insert only gr	TION OF ORGANIZAT	r combine names MIDI STA NON 199.	DLE NAME TE POSTAL CODE ORGANIZATIONAL ID #	SUFFIX COUNTRY #, if any SUFFIX COUNTRY

