75. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME CITY STATE POSTAL CODE COUNT To MAILING ADDRESS CITY To MAILING ADDRESS CITY To MAILING ADDRESS CITY To MAILING ADDRESS To MAILING								
LOW INSTRUCTIONS (from an off back) OAKEPULLY NAME & PHONE OF CONTROL AT PLEER (priporally) PI EASE RETURN TO: C1 Cerporation System Ann Tony Young 13:50 Treat Bird. Suite 100 Walnut Creek, CA 94596-2133 (800) 874-8820 William Creek, CA 94596-2133 (800) 874-8820 THE AROVE SPACE IS FOR FILING OFFICE USE ONLY THE AROVE SPACE IS FOR FILING OFFICE U								
SEND ACKNOWLEDGMENT TO. (Name and Address) P.E.ASE RETURN TO: C1 Corporation System Aim. Torry Young 1350 Treat Blv. Suite 100 Walnut Oreek, CA 94596-2133 (300) 874-8820 THE AROVE SPACE IN FOR FILING OFFICE USE ONLY Walnut Oreek, CA 94596-2133 (300) 874-8820 THE AROVE SPACE IN FOR FILING OFFICE USE ONLY THE AROVE SPACE IN FILING OFFICE USE ONLY THE AROVE SPACE IN FOR FILING OFFICE USE	C FINANCING S	TATEMENT AMENDMEN	1T					
SEND AGKNOWLEDGMENT TO, (Name and Address) P.E.ASE RETURN TO: C1 Corporation System Asin: Tony Young 13:01 Treat Blvd. Suite 100 Wildrut Creek, CA 94596-2133 (800) 874-8820 INITIAL FINANCING STATEMENT FILE 920843 8-9-88 SHELBY CO. AL THE AROVE SPACE IS FOR FILING OFFICE USE ONLY THE AROVE SPACE IS FOR FILING OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	LOW INSTRUCTIONS (fro NAME & PHONE OF CON'	TACT AT FILER (optional)	Thet	Tast # 2002-10346				
ARE: Tony Young 1350 Treat Blvd. Suite 100 Walnut Creek, CA 94596-2133 (800) 874-8820 INITIAL FINANCING STATEMENT FILE* 202843 8-9-88 SHELBY CO. AL The ABOVE SPACE IS FOR FILMS OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE* 202843 8-9-88 SHELBY CO. AL The ABOVE SPACE IS FOR FILMS OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE* 202843 8-9-88 SHELBY CO. AL The ABOVE SPACE IS FOR FILMS OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE* 202843 8-9-88 SHELBY CO. AL The ABOVE SPACE IS FOR FILMS OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE* 202843 8-9-88 SHELBY CO. AL The ABOVE SPACE IS FOR FILMS OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE* 202843 8-9-88 SHELBY CO. AL The ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE ONLY IN THE ABOVE SPACE IS FOR FILMS OFFI USE OFF	SEND ACKNOWLEDGME	NT TO: (Name and Address)						
AREA COTY YOUNG 135.0 TREAT BIVE Suite 100 Vialnut Creek, CA 94596-2133 (800) 874-8820 THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY NOTICLE FRANCING STATEMENT FILE # 020843 8-9-88 SHELBY CO. AL TERMINATION: Effectiveness of the Financing Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified above with respect to security intensity) of the Secured First without Statement Identified	, ,, ,,	· · · · · · · · · · · · · · · · · · ·		/2002-1	1034	6		
(800) 874-8820 THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY INITIAL FIRMACING STATEMENT FILE # 202843 8-9-88 SHELBY CO. AL TERMINATION: Enclowers of the Francing Statement identified above to be understanced with respect to security intersectly of the Secured Party authorizing this Continuation Statement is continued for the additional period growted by explainable for. ASSIGNMENT (full or partial): Other harms of statigness in team 7s or 7b and address of statigness in them 7s; and also give name of assignor in lawn 9. ASSIGNMENT (full or partial): Other harms of statigness in team 7s or 7b and address of statigness in them 7s; and also give name of assignor in lawn 9. ASSIGNMENT (full or partial): Other harms of statigness in team 7s or 7b and address of statigness in them 7s; and also give name of assignor in lawn 9. ASSIGNMENT (full or partial): Other harms of statigness in team 7s or 7b and address of statigness in them 7s; and also give name of assignor in lawn 9. ASSIGNMENT (full or partial): Other harms of statigness in team 7s or 7b and address of statigness in them 7s; and also give name of assignor in lawn 9. ASSIGNMENT (full or partial): Other harms of statigness in team 7s or 7b and address of statigness in them 7s; and also give a manual of the address of statigness in them 7s; and also give a statigness in them 7s; and address of statigness in them 7s; and address of statigness in them 7s; and address of statigness in them 7s; and address in the 7s; and addr	د	-	03/04	PM CERT	IFI	EN		
SOURCE Control Contr	+ ∩∈0			UNITY JUDGE OF	00 bknou.c	•		
INTITUAL FIRMANCING STATEMENT FILE # ### Q20843 8-9-88 SHELBY CO. AL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE REMONES STATEMENT FILE # ### Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL THE REMONES STATEMENT FILE # Q20843 8-9-88 SHELBY CO. AL Q20843 8-9-88 SHELBY co.			Succion	MFT.				
INTIAL FIRANCING STATEMENT FILE 8 020843 8-9-88 SHELBY CO. AL The principle of the principle of the principle statement identified above as terminated with respect to security interest(s) of the Secured Party summitted for record) or recorded in the CALL STATE RECORDS. The principle of the Secured Party summitted that the summitted of the Secured Party summitted that the Secured Party summitted P	¥#diilu		ļļ.					
TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Confinuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Confinuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Confinuation Statement is confinuated from the address of estigence in Internity of Secured Party of record. Check only ggip of these two boxes. ASSIGNMENT (ruit or purisu): Give runs of sestigence in Item 7 or 7b and address of estigence in Internity of Secured Party of record. Check only ggip of these two boxes. ANENDMENT (PARTY INFORMATION): This Amendment affects Debtor or	<u>L</u>	(000) 074-0020		بالمساورة والمساورة	E IS FOR	FILING OFFICE US	E ONLY T AMENDMENT	
TERMINATION: Effectiveness of the Financing Statement Identified above as terminated with respect to security interest(s) of the Secured Party authorizing that Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified additional period provided by applicable law. ASSIGNMENT (file or parties): Give name of assignes in item 7s or 7o and address of assignes in item 7s; and also give name and assignes in item 7s.	INITIAL FINANCING STATEM	020843 8-9-88 SHELF	SY CO. AL	1	to be	filed [for record] (or reco	orded) in the	
CONTRUATION: Effectiveness of the Financing Sistemant (regnified above with respect to security interestion) in the velocities continued for the additional period provided by applicated interesting to the designation of the additional period of t	A TONING TONING	Statement identified above	e is terminated with respect to security	/ interest(s) of the Se	cured Party	authorizing this Termina	tion Statement.	
ASSIGNMENT (to it or period). Give name of assigner in item 7 or 7b and address of assigner in item 7c; and also give name of assignor in item 9. AMENDMENT (MIX or period). Give name of assigner in item 7c or 7b and address of assigner in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment offlects before our period appropriate information in home 6 and/or 7c. AND or desk git of the following dree boxes git provide appropriate information in home 6 and/or 7c. AND or desk git of the following dree boxes git provide appropriate information in home 6 and/or 7c. AND or desk git of the following dree boxes git provide appropriate information in home 6 and/or 7c. AND or desk git of the following dree boxes git provide appropriate information in home 6 and/or 7c. AND or desk git of the following dree boxes git provide appropriate information in home 6 and/or 7c. AND OR SECURIES AND OR SECURITIES AND OR SECU	CONTINUATION: Effect	ectiveness of the Financing Statement identified a	bove with respect to security interest	(s) of the Secured P	arty author	izing this Continuation S	itatement is	
AMENDMENT (PARTY INFORMATION). This Amendment affects _ Debtor or _ Secured Party of record. Cheek only gigs of lines consists. Also check one of the following three boxes and provide exponsite information in items 6 and/or 7. Also check one of the following three boxes and provide exponsite information in items 6 and/or 7. Also check one of the following three boxes and provide exponsite interes of the construction of the control of	continued for the addition	al belied blosided by applicable law.						
Also check gas of the following three boxes gall provide appropriate information. The change in the following three boxes gall provide appropriate informations. The change in the following in the following intermination and the change in the following intermination and the change in the following intermination in the following interminatio	ASSIGNMENT (full or p	partial): Give name of assignee in item 7a or 7b an	id address of assignee in item 7c; and	ard. Check only one	of these ty	vo boxes.		
CHANGE name and/or address: Give current record name in late 16 of the stage of the control of t	AMENDMENT (PARTY II	NFORMATION): This Amendment affects	Debtor <u>or</u> Secured Party of reco	ord. Check only sug				
CITY STATE POSTAL CODE COUNT AMENDMENT (COLLATERAL CHANCE): check only son box. Describe collateral deleted or give entire estated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor; check here and enter name of DEBTOR authorizing this Amendment. PROCRAMIZATION'S NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNT To, ORGANIZATION To, Type of ORGANIZATION POSTAL CODE COUNT To, ORGANIZATION To, Type of ORGANIZATION POSTAL CODE COUNT To, ORGANIZATION To, Type of ORGANIZATION To, ORGANIZATION To, Type of ORGANIZATION To, ORGANIZATION To, Type of ORGANIZATION POSTAL CODE To, Type of ORGANIZATION To, ORGANIZATION TO, If any To, ORGANIZATION TO, Type of ORGANIZATION To, ORGANIZATION TO, If this is an Assignment), If this is an Amendment authorized by a Debtor; check here and enter name of DEBTOR authorizing this Amendment. Post ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN FIRST NAME MIDDLE NAME MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME MIDDLE NAME SUFFIX SUF	Non abook one of the following	o three boxes and provide appropriate information is	in delite a divisor.	: Give record name	- AC	Same: Complete item	7a or 7b, and als 7d-7g (if applic	
GR. DRGANIZATION'S NAME Sp. INDIVIDUAL'S LAST NAME	name (if name change) in	item 7a or 7b and/or new address (if address chan	ge) in item 7c. Lito be deleted in	n item oa or ob.				
BILDIVIDUAL'S LAST NAME JINES CHANGED (NEW) OR ADDED INFORMATION: 75. ORGANIZATION'S NAME R 75. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME GOTY STATE FOSTAL CODE COUNT AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here adds collateral or adds the authorizing better, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 98. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 99. ROGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN FIRST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX SUFFIX AMENDMENT (Party of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here 99. ROGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX SUFFIX AMENDMENT (Party of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment authorized by a Debtor, check here 190. ROGANIZATION'S NAME 190. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX AMENDMENT (Party of RECORD AUTHORIZING THIS AMENDMENT (Name of assignor, if this is an Amendment authorized by a Debtor (Party of RECORD AUTHORIZING THIS AMENDMENT (Name of assignor, if this is an Amendment authorized by a Debtor (Party of RECORD AUTHORIZING THIS AMENDMENT				<u></u>				
Text			TELEGE MALAE	<u></u>	MIDDLE	NAME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION: 75. ORGANIZATION'S NAME 76. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME STATE FOSTAL CODE COUNT TAX ID #: SSN OR EIN ADDL INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, and collateral and enter name of DEBTOR authorizing this Amendment. 9. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN OR BD. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SU			1				JR	
76. ORGANIZATION'S NAME FIRST NAME FIRST NAME FIRST NAME STATE POSTAL CODE COUNT Tr. JURISDICTION OF ORGANIZATION Tr. JURISDICTION Tr. JURISDICTION Tr. JURISDICTION Tr. JURISDICTION Tr. JURISDICTION							·	
PAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of essignor, if this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor or RESTOR SHAPE AND AUTHORIZING AND LOAN Supplementary	CHANGED (NEW) OR ADI	ME		· · · · · · · · · · · · · · · · · · ·				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 99. ORGANIZATION DEBTOR 99. ORGANIZATION OF ORGA			I SIDET NAME		MIDDLE	NAME	SUFFIX	
STATE POTAL SINCE To AMENDMENT (A COLLATERAL CHANGE): Check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. STATE POTAL SINCE TO STATE P	75. INDIVIDUAL'S LAST N	IAME	LIK21 NAME					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here not enter name of DEBTOR authorizing this Amendment. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9. ORGANIZATION'S NAME 1. TAX ID #: SYN OR EIN ADDILINFO RE AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9. ORGANIZATION'S NAME 1. TAX ID #: SYN ORGANIZATION ORGANIZATION OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9. ORGANIZATION'S NAME 1. TAX ID #: SYN ORGANIZATION OF ORGANI	ADDRESS		CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTR	
3. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment authorized by a Debtor, or if this is a Termination authorized by a Debtor, check here 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment authorized by a Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME 12FFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF	MAILING ADDRESS			·	2 000	ANUZATIONAL ID# if or		
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral description, or describe collateral description. 5 1 1 0 6 1 4 - 6 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN OR 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF	ORGANIZATION		71. JURISDICTION OF ORGAI	NIZATION	7g. ORG	ANIZATIONAL ID #, II ai		
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral description, or describe collateral description. 5 1 1 0 6 1 4 - 6 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN OR 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF	. AMENDMENT (COLLA	TERAL CHANGE): check only one box.		🗖				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF	Describe collateral dele	sted or added, or give entire restated coll	lateral description, or describe collai	teralassigned.				
9a. ORGANIZATION'S NAME Pa. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN OR 9b. INDIVIDUAL'S LAST NAME Pa. ORGANIZATIONAME FIRST NAME FIRST NAME								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME FIRST NAME SUFF								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF							,	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF					ı	51106	14-	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, creek here 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME FIRST NAME 1.4					•		0	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, creek here 9a. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME FIRST NAME 1.4		ALDER ALITHOPIZING THIS	AMENDMENT (name of assignor,	if this is an Assignme	ent). If this	is an Amendment author	ized by a Debtor	
98. ORGANIZATION'S NAME JEFFERSON FEDERAL SAVINGS AND LOAN 9b. INDIVIDUAL'S LAST NAME SUFF	NAME OF SECURED adds collateral or adds the	authorizing Debtor, or if this is a Termination authorizing	prized by a Debtor, check here ar	nd enter name of DEI	BTOR aut	norizing this Amendment.	· <u> </u>	
OR 9b. INDIVIDUAL'S LAST NAME	9a, ORGANIZATION'S N	IAME						
9b. INDIVIDUAL'S LAST NAME	JEFFERSON F	EDERAL SAVINGS AND LOAD			MIDDL	E NAME	SUFFI	
	OR 95. INDIVIDUAL'S LAST	NAME	FIRST NAME					
							~ 1/1 ~	
A THE PART OF THE	5320003857 JON	VED						