CC FINANCING STATE LLOW INSTRUCTIONS (front and be NAME & PHONE OF CONTACT AT L. Cassaro 201-818-4000 Ext SEND ACKNOWLEDGMENT TO: (I	pack) CAREFULLY FILER (optional) 3137	ENT					
NAME & PHONE OF CONTACT AT Cassaro 201-818-4000 Ext SEND ACKNOWLEDGMENT TO: (Shoppers Charge	pack) CAREFULLY FILER (optional) 3137	ENT					
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NAME & PHONE OF CONTACT AT C. Cassaro 201-818-4000 Ext SEND ACKNOWLEDGMENT TO: (Shoppers Charge	FILER (optional) : 3137						
SEND ACKNOWLEDGMENT TO: (I	1 3137						
Shoppers Charge	Name and Address)						
Shoppers Charge 1000 MacArthur			Ins	t #	2002-1353	9	
1000 MacArmer	Accounts Co.		14				
Mahwah NJ 074					3888 - 4 2525	a	
			03.	/22/i	2002-13539 M CERTIFIE	D	
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<u></u>			312.0	.or cook			
NITIAL FINANCING STATEMENT FILE #	······································		THE ABOVE SPA	ACE IS FO	OR FILING OFFICE US	E ONLY	
999-31062			-	16. Th	is FINANCING STATEMEN be filed [for record] (or reco	T AMEN	DMENT
TERMINATION: Effectiveness of the	e Financing Statement identified abov	e is terminated with respect to secu	rity interest(s) of the				
CONTINUATION: Effectiveness of continued for the additional period pro-	the Financing Statement identified of	above with respect to security inter	est(s) of the Secured	Party auth	orizing this Continuation S	tion State	ment.
ASSIGNMENT (full or partial): Give MENDMENT (PARTY INFORMATION	~~ 1\					·	
so check one of the following three boxes	and provide appropriate information in	in items 6 and/or 7.	ecord. Check only <u>on</u>	e of these	two boxes.		
CHANGE name and/or address: Give c name (if name change) in item 7a or 7b	urrent record name in item 6a or 6b; a and/or new address (if address chance	also give new DELETE nan ge) in item 7c. DELETE nan	ne: Give record name in item 6a or 6b.		DD name: Complete item 7am 7c; also complete items	aor7b, ai	nd also
URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·			70-79 (ir a	фрисар
Guntersville Outlet, Inc D/	B/A The Factory Connec	tion			-	, <u>-</u>	
6b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	, <u> </u>	MIDDLE	NAME	SUFI	FIX
HANGED (NEWS OR ADDED INCOME.							
HANGED (NEW) OR ADDED INFORM. 7a. ORGANIZATION'S NAME	ATION:	<u> </u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	······································	
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	 .	MIDDLE	VAME	SUF	FIX
AILING ADDRESS		CITY		 			
Mountain Market Place 223	6 Pelham Parkway	Pelham		STATE	POSTAL CODE 35758	COU	NTRY
	7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGAN	NIZATION	<u> </u>	NIZATIONAL ID #, if any		<u>-</u>
DEBTOR				1	,	1	
MENDMENT (COLLATERAL CHANG scribe collateral deleted or adde	GE): check only <u>one</u> box.						NON