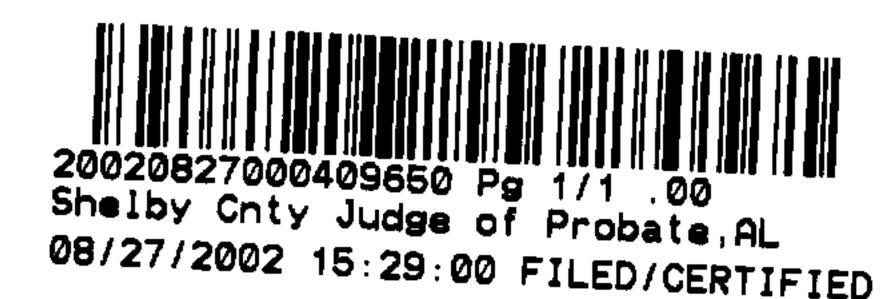
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- INUTIAL FINIANOINO CTATES	AENT CII E #			I HE ABOVE S		R FILING OFFICE USE FINANCING STATEMENT	
a. INITIAL FINANCING STATES 2001-03422	MENIFILE#					e filed [for record] (or record).	rded) in the
	tiveness of the Fina	ancing Statement identified above i	is terminated with r	espect to security interest(s) of the			ion Statement.
		inancing Statement identified abo	<u> </u>				
continued for the addition	ial period provided	by applicable law.	· 				
. ASSIGNMENT (full or	partial): Give name	e of assignee in item 7a or 7b and	address of assigne	e in item 7c; and also give name	of assignor in	item 9.	
. AMENDMENT (PARTY II	NFORMATION):	: This Amendment affects De	ebtor <u>or</u> Sec	ared Party of record. Check only	one of these	wo boxes.	
		provide appropriate information in		TI DELETE name: Give record na	ame []A[D name: Complete item 7	a or 7b. and also
CHANGE name and/or ad name (if name change) in	ldress: Give current item 7a or 7b and/c	nt record name in item 6a or 6b; als /or new address (if address change	e) in item 7c.	to be deleted in item 6a or 6b.	ite	m 7c; also complete items	7d-7g (if applicable
. CURRENT RECORD INFO	······································				<u>-</u> -		
6a. ORGANIZATION'S NAM	ΝE						
OR 6b. INDIVIDUAL'S LAST N	AME	<u>.</u>	FIRST NAME	FIRST NAME		MIDDLE NAME	
Ingram			Dorsey			В	
7. CHANGED (NEW) OR ADI	DED INFORMATIO	ON:					
7a. ORGANIZATION'S NAI	***************************************			······································			······································
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>. </u>	SUFFIX
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME	
•				······································		POSTAL CODE	COUNTRY
	***************************************				107470	TUCISTAL COLLE	LCCONTICT
7c. MAILING ADDRESS	······································		CITY		STATE	TOUTAL OOD.	
	LABOU INIEO DE I	7- TYPE OF OPCANIZATION		TION OF ORGANIZATION	<u>.</u>		
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION		FION OF ORGANIZATION	<u>.</u>	ANIZATIONAL ID #, if any	
7d. TAX ID #: \$\$N OR EIN	ORGANIZATION DEBTOR			FION OF ORGANIZATION	<u>.</u>		NC.
7d. TAX ID #: SSN OR EIN 8. AMENDMENT (COLLAT	ORGANIZATION DEBTOR ERAL CHANGE): check only <u>one</u> box.	7f, JURISDIC	·····	7g. ORG		
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AMENDMENT (COLLAT Describe collateral deleted deleted)	PARTY OF RECO	check only <u>one</u> box. or give entire restated collate	oral description, or	describe collateral assignation assignation and assignor, if this is an Assignation	and.	s an Amendment authorize	NO.
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