UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 33547

UCC FINANCING STATEMENT AMENDMENT FOLIOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDOMENT TO: (Name and Address) Fox Alarm Co., Inc. 5625 Birmingport Road Sylvan Springs, Al. 35118 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. PATRAL FINANCING STATEMENT FILE # 2000/34538 Shelby Co. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. This FINANCING STATEMENT AMENO 2000/34538 Shelby Co. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. This FINANCING STATEMENT AMENO 1s. This FINANCING STATEMENT AMENO 2000/34538 Shelby Co. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. This FINANCING STATEMENT AMENO 1s. This FINANCING STATEMENT AMENO 2000/34538 Shelby Co. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. This FINANCING STATEMENT AMENO 1s had be filed for record for recording in the financing of the Secured Party authorized for these two boxes. Also check gag of the following twee boxes and provide appropriate information in items 4. ASSIGNAMENT (full or partial). Gene name of assignoe in item 7s or 7s and address of assignee in fem 7s, and also give name of assignor in farm 9. CHANCES (market) (full or partial). Gene name of assignor in the first of action of the second formation in thems 4 and or 7s. CHANCES (market) (full or partial). FOR ALIATTIC Co., Inc. FIRST NAME DOWNS ORGANIZATION'S NAME FIRST NAME DOWNS ADDURSON FOR RELIGIOUS (FIRST NAME) ORGANIZATION'S NAME FIRST NAME DOWNS ARENDMENT (COLUMETER RECORD INFORMATION): 7s. ORGANIZATION'S NAME FIRST NAME ORGANIZATION'S NAME FIRST NAME ORGANIZATION OF BOX (FIRST NAME) ORGANIZATION OF B				She	30303000124820 Pelby Cnty Judge o	f Probate, AL
A NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDDMENT TO: (Name and Address) Fox Alarm Co., Inc. 5625 Birmingport Road Sylvan Springs, Al. 35118 THE ABOVE SPACE IS FOR FILING OFFICE USE COLLY 1a. INITIAL FINANCING STATEMENT FILE # 2000/34538 Shelby Co. The Initial Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination State Continuation: Enchreness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination State Continuation: Continuation 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 Continuation 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 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 Identifi)MENT			
Fox Alarm Co., Inc. 5625 Birmingport Road Sylvan Springs, Al. 35118						
Fox Alarm Co., Inc. 5625 Birmingport Road Sylvan Springs, Al. 35118 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In This Financing Statement FILE 8 2000/34538 Shelby Co. TERMINATION: Enectiveness 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 Termination Statement identified above 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 Continuation 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 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 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 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 above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above is terminated with respe	SEND ACKNOWLEDGME	FNT TO: (Name and Address)				
Sylvan Springs, A1. 35118 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In Internation of Statement File # 2000/34538 Shelby Co. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Continuation Statement identified above 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 Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement in Continuation Statement in Continuation Statement in		LIVI TO. (IVAILLE AUGUSS)				
Sylvan Springs, A1. 35118 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY I. INITIAL FINANCING STATEMENT FILE # 2000/34538 She1by Co. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Continuation: CONTINUATION: Effectiveness of the Financing Statement Identified above 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 Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement in Continuation Statement in the Secured Party authorizing this Continuation Statement in Continuation Interest in Secured Party authorizing this Continuation Statement in Continuation Interest in Secured Party authorizing this Continuation Statement in Continuation Interest in Secured Party authorizing this Continuation Statement in Continuation Interest in Secured Party authorizing this continuation Statement interest interest in Secured Party authorizing this continuation Statement in Continuation Interest in Secured Party authorizing this continuation Statement in Interest i	Fox Alarm	Co. Inc.				
Sylvan Springs, A1. 35118 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 2000/34538 She1by Co. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by spiciable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in items 8. AMENDMENT (PARTY INFORMATION): This Amendment affects Oebtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 9 and/or 7. Integrals to changing the namefaddress of a party. CHANGE name and/or address: Pleaser feft to the detailed instructions of the detaile						
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 2000/34538 Shelby Co. 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 Termination Statement is continued for the additional period provided by applicable tax. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address? Please refer to the detailed instructions Interest on the secured party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address? Please refer to the detailed instructions Interest to be detailed in them 8a or 6b. FOR A 1 a trip. FOR A 1 a trip. DOWINS CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME DOWINS PRIST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFF WICH NAME OF CARLICATION OF ORGANIZATION OF ORGAN		0 -				
2000/34538 She1by Co. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to securify interest(s) of the Secured Party authorizing this Termination Statement identified above 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 Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Debtor of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions of the following three boxes and provide appropriate information in items 6 and/or 7. Be. INDIVIDUAL'S LAST NAME FOX Alarm Co., Inc. Be. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFI TO ORGANIZATION IN						
2000/34538 She1by Co. 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 Termination Statement identified above 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 Continuation Statement identified above 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 Continuation 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 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 above 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 Termination Statement identified above 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 Termination Statement identified above 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 Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified						
2000/34538 She1by Co. 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 Termination Statement identified above 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 Continuation 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 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 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 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 above in the Secured Party authorizing this Continuation Statement identified above in the Mass and secured Party authorizing this Continuation Statement identified above in the Mass and secured Party authorizing this Continuation Statement identified above in the Mass and secured Party authorizing this Continuation Statement identified above in the Mass and secured Party authorizing this Continuation Statement identified above in the Mass and secured Party authorizing this Continuation Statement identified above in time 9 and secured Party authorizing this Con	INITIAL FINANCING STATEN	IENT FILE #	THE ABC			
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8. AMENDMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 7c; and also give name of assignor in item 8. ASSIGNMENT (full or partial): Give name of assignor in item 7c; and also giv	·	<u> </u>		T to	be filed [for record] (or rec	corded) in the
UNITION IN Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions In regards to changing the name/address of a party. CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME FOX Alarm Co., Inc. Bi. INDIVIDUAL'S LAST NAME DOWTIS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME MIDDLE NAME SUFFI To. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFI To. INDIVIDUAL'S LAST NAME ADDL INFO RE ADDL INFO RE FIRST NAME MIDDLE NAME SUFFI To. INDIVIDUAL'S LAST NAME ADDL INFO RE ORGANIZATION ADDL INFO RE FIRST NAME MIDDLE NAME SUFFI To. INDIVIDUAL'S LAST NAME ORGANIZATION ADDL INFO RE To. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION To. ORGANIZATION To. ORGANIZATION To. ORGANIZATION To. ORGANIZATION AMENDMENT (COLLATERAL CHANGE): check only one box.	TERMINATION: Effective	veness of the Financing Statement identifi	ed above is terminated with respect to security interest	(s) of the Secured Pa	arty authorizing this Termin	nation Statement.
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions In regards to changing the name/address of a party. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME FOX Alarm Co., Inc. 6b. INDIVIDUAL'S LAST NAME DOWTIS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME MIDDLE NAME FIRST NAME MIDDLE NAME SUFI To. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFI COLUMN STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY SEE INSTRUCTIONS ADD'L INFO RE To. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION TO DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CONTINUATION: Effec	ctiveness of the Financing Statement ide	ntified above with respect to security interest(s) of the	Secured Party auti	orizing this Continuation	Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions In regards to changing the name/address of a party. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FOX Alarm Co., Inc. 6b. INDIVIDUAL'S LAST NAME DOWTIS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFF Ta. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFF CITY STATE POSTAL CODE COUNTING COULATERAL CHANGE): check only one box.	ASSIGNMENT (full or pa	artial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also give	name of assignor in	item Q	
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME FOX Alarm Co., Inc. 6b. INDIVIDUAL'S LAST NAME DOWNS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME MIDDLE NAME MIDDLE NAME SUFF To. INDIVIDUAL'S LAST NAME MIDDLE NAME ADD'L INFO RE To. TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANI	AMENDMENT (PARTY IN	FORMATION): This Amendment affect			· · · · · · · · · · · · · · · · · · ·	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME FOX Alarm Co., Inc. 6b. INDIVIDUAL'S LAST NAME DOWNS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME MAILING ADDRESS CITY STATE POSTAL CODE COUNTING ORGANIZATION TO ORGANIZATION	Also check one of the following	three boxes <u>and</u> provide appropriate infor	mation in items 6 and/or 7.	<u> </u>		
6a. ORGANIZATION'S NAME FOX Alarm Co., Inc. 6b. INDIVIDUAL'S LAST NAME DOWNS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFI FIRST NAME MIDDLE NAME SUFI CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFI CITY STATE POSTAL CODE COULD SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	in regards to changing the r	name/address of a party.		ADD item	name: Complete item 7a 7c: also complete items 7d	or 7b, and also e-7g (if applicable).
B6. INDIVIDUAL'S LAST NAME DOWNS Jeff CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME The individual's last name FIRST NAME MIDDLE NAME SUFF SUFF To individual's Last name MIDDLE NAME						
DOWNS Jeff CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF The postal code CITY STATE POSTAL CODE COUNTY SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION OBSTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	Fox Alarm	Co., Inc.				
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	_			MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF MAILING ADDRESS CITY STATE POSTAL CODE COUNTY SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANI			JETT			
MIDDLE NAME MIDDLE NAME SUFF MAILING ADDRESS CITY STATE POSTAL CODE COUL SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ADDIC INFO RE ORGANIZATION DEBTOR 7f. JURISDICTION OF ORGANIZATION To STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any AMENDMENT (COLLATERAL CHANGE): check only one box.				· · · · · · · · · · · · · · · · · · ·	· <u> </u>	<u>. </u>
MAILING ADDRESS CITY STATE POSTAL CODE COUL SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION OR	75 INDIVIDUAL'S LAST NAS			<u> </u>		
SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATIO	AN HADIAIDONES ENST MAN	ME	FIRST NAME	MIDDLE	NAME	SUFFIX
SEE INSTRUCTIONS ADD'L INFO RE OF ORGANIZATION ORGANIZATIO	MAILING ADDRESS	<u> </u>	CITY	STATE	POSTAL CODE	COLUMN
ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR 7g. ORGANIZATIONAL ID #, if any AMENDMENT (COLLATERAL CHANGE): check only one box.				יאור בי	POSTAL CODE	COUNTRY
DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			TION 7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	/
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	DE	EBTOR				NO
Describe collateral III deleted on III added on also antico III analysis and a line of the collateral III deleted on III added on also antico III analysis and a line of the collateral III and the line of the line o	MENDMENT (COLLATER	AL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	escribe colleteral deleted	oradded, or give entirerestate	d Collateral description, or describe collateral. Line.			

(763) 421-1713