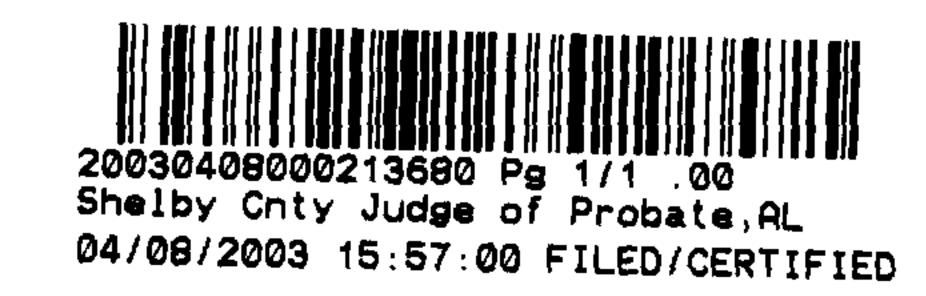
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(0.4.4) 0.00 0.4.40				
(866) 208-9448				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Gulf Coast Bank & Trust Co.				
8216 W. Judge Perez Dr. Chalmette, LA. 70043				
Chairiette, LA. 70043				
. INITIAL FINANCING STATEMENT FILE #	THE ABO		R FILING OFFICE USE FINANCING STATEMENT	نظورب الكاملات ابطلا امتلات فكا
#2000-17983	dated 06/01/00	to b	e filed (for record) (or record	
TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security interest(s			on Statement.
CONTINUATION: Effectiveness of the Financing Statement identified	above with respect to security interest(s) of the	Secured Party author	orizing this Continuation Sta	tement is
continued for the additional period provided by applicable law.				
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a				
AMENDMENT (PARTY INFORMATION): This Amendment affects  Also check one of the following three boxes and provide appropriate information	Debtor or Secured Party of record. Chec	k only <u>one</u> of these t	wo boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b;	; also give new T DELETE name: Give red		D name: Complete item 7a	or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address cha	inge) in item 7c to be deleted in item 6a c	or 6b. Lite	n 7c; also complete items 7	d-7g (if applicab
6a. ORGANIZATION'S NAME		<del></del>	<del></del>	<del></del>
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
Thompson	Stanley	K		
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME				<del></del>
78. ORGANIZATION S NAME				
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SU	
Thompson	Mary	C	$\boldsymbol{C}$	
	CITY	STATE	POSTAL CODE	COUNTRY
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: MAILING ADDRESS			ANIZATIONAL ID #, if any	
MAILING ADDRESS  124 Roy Court  TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION			<u> </u>	
. MAILING ADDRESS  124 Roy Court  . TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG	<u> </u>	N(
. MAILING ADDRESS  124 Roy Court  . TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	<u> </u>	
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