NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

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

		20031031000727900 Pg Shelby Cnty Judge of	Probate, AL
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	VT	10/31/2003 14:05:00	FILED/CERTIFIE
B. SEND ACKNOWLEDGMENT TO: (Name and Address) The send acknowledgment to: (Name and Address)			
	THE ABOVE SE	PACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above 3.1 CONTINUATION: Effectiveness of the Financing Statement identified above		Secured Party authorizing this Terminati	on Statement.
continued for the additional period provided by applicable law.			itement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and 5. AMENDMENT (PARTY INFORMATION): This Amendment affects D			
Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; al	items 6 and/or 7. Iso give new DELETE name: Give record name:		or 7h, and also
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	e) in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items 7	d-7g (if applicable).
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	IOMMU		
7a. ORGANIZATION'S NAME			-
OR 7b. INDIVIDUAL'S LAST NAME.	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2113 Hansal 58	Helena	12 35080	CODIVITAT
7d. TAX ID #: SSN OR EIN ADD'L'INFO RE De TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	[] NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateralassigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	IENDMENT (name of accidence if this is on Accidence	and) (6 this is an American describe a first transfer	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Debtor, check here and enter name of DE	BROWN IT THIS IS AN AMENDMENT AUTHORIZED BE BOTOR authorizing this Amendment.	y a Debtor which
Maaso			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			