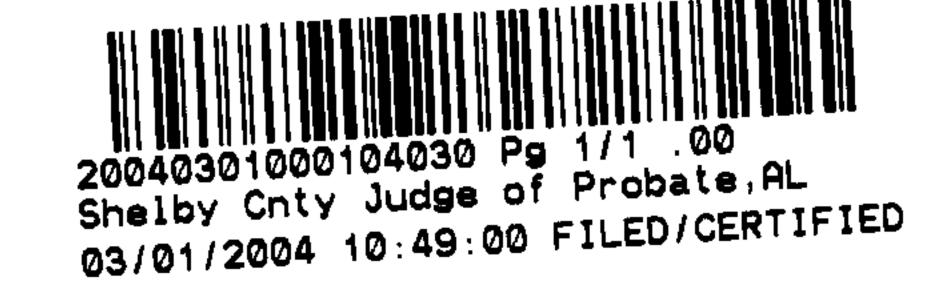
				
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JCC FINANCING STATEMENT AMENDMEN	T				
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]					
Diligenz, Inc. 1-800-858-5294					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
7234768					
Diligenz, Inc. 6500 Harbour Heights Pkwy Suite 400					
Mukilteo, WA 98275					
Filed in: Alabam	na Shelby		OF 10 FO		
1a. INITIAL FINANCING STATEMENT FILE # 1999-31753 07/29/1999		I ME ABOVE SPA	1b. This	R FILING OFFICE USE FINANCING STATEMENT e filed [for record] (or recor	AMENDMENT is
2. X TERMINATION: Effectiveness of the Financing Statement identified above i	s terminated with respect to sec	urity interest(s) of the	والمراجات المراجات	AL ESTATE RECORDS. Ity authorizing this Terminati	on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.					
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; a	and also give name of	assignor in	item 9.	· · · · · · · · · · · · · · · · · · ·
	ebtor <u>or</u> Secured Party of r	ecord. Check only or	<u>e</u> of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	items 6 and/or 7. DELETE name: Give receive to be deleted in item 6a o		ADD r	name: Complete item 7a or 7b omplete items 7e-7g (if applica	, and also item 7c; able).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
SMITH	MELVIN		R		
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME				·	
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
					30.7.2
7c. MAILING ADDRESS	СПҮ		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGA	ANIZATION	7g. ORG	ANIZATIONAL ID#, if any	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			!		
Describe collateral deleted or added, or give entire restated collater	al description, or describe colli	ateralassigned.			
· · · · · · · · · · · · · · · · · · ·					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of assignor,	if this is an Assignme	nt). If this is	an Amendment authorized	by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Debtor, check here an	d enter name of DEB	I OR autho	rizing this Amendment.	
REGIONS BANK	-				
ЭВ. INDIVIDUAL'S LAST NAME	FIRST NAME	· - · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA				- · · · · · · · · · · · · · · · · · · ·	
02900193000204341					7234768