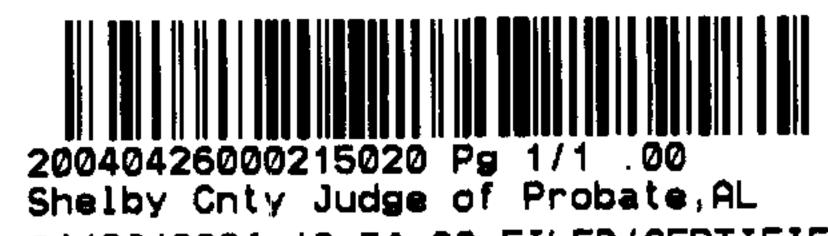
 	•		



04/26/2004 12:54:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIO	NS (front and bac		I V I				
A. NAME & PHONE OF							
	1-800-858-5						
B. SEND ACKNOWLED	GMENT TO: (Nai	me and Address)					
8016673							
Diligenz, Ir	nc.		•				
	our Heights I	Pkwy					
Suite 400							
Mukilteo, V	VA 98275						
1							
		Filed in: Alaba	ama Shelby				
1a. INITIAL FINANCING ST	ATEMENT FILE #		<u> </u>	THE ABOVE SPA	CE IS FOR FILING OFFIC		
	12/28/2001				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the		
2. X TERMINATION: E	ffectiveness of the F	inancing Statement identified above	e is terminated with respect to sec	curity interest(s) of the {	REAL ESTATE RECOR	ermination Statement.	
3. CONTINUATION: continued for the add	Effectiveness of the	Financing Statement identified a	pove with respect to security inte	rest(s) of the Secured	Party authorizing this Continua	tion Statement is	
4. ASSIGNMENT (ful	l or partial): Give na	me of assignee in item 7a or 7b an	d address of assignee in item 7c:	and also give name of	assignor in item 9		
100		l): This Amendment affects				····	
Also check one of the following	owing three boxes an	ا السا I <u>d</u> provide appropriate information is	n items 6 and/or 7.	TOOUTE. CHOOK OINY OIL	o these two boxes.		
CHANGE name and/or in regards to changing	address: Please refer the name/address of a	to the detailed instructions	DELETE name: Give rec	ord name	ADD name: Complete item	7a or 7b, and also item 7c;	
6. CURRENT RECORD II			L To be deleted in item oa c	N QD.	also complete items 7e-7g (r	fapplicable).	
6a. ORGANIZATION'S	NAME				· · · · · · · · · · · · · · · · · · ·		
OR CL INDIVIDUAL OF A S							
OB. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		
LOWERY			DARRELL		THOMAS		
7. CHANGED (NEW) OR		ION:				· ·	
7a. ORGANIZATION'S	NAME			, <u> </u>		,,	
OR NO							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX			
- MAII INC ADDDECO							
7c. MAILING ADDRESS			CITY		STATE POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS	ADD'I INFO RE	7e. TYPE OF ORGANIZATION	74 11/00/00/00/00/00			USA	
	ORGANIZATION	TO. THE OF ORGANIZATION	7f. JURISDICTION OF ORGA	ANIZATION	7g. ORGANIZATIONAL ID#,	if any	
8. AMENDMENT (COLL	DEBTOR	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u></u>	NONE	
Describe collateral de	eleted or added,	or give entire restated collate	eral description, or describe colla	ateral assigned.			
9a. ORGANIZATION'S N REGIONS BA 9b. INDIVIDUAL'S LAST	NK	ORD AUTHORIZING THIS AN	IENDMENT (name of assignor, by a Debtor, check here and	d enter name of DEBT). If this is an Amendment authorizing this Amendmen	orized by a Debtor which t.	
O ODTIONAL FU FF FF							
O.OPTIONAL FILER REFERI		02900193000208	933			8016673	