



			ENT AMENDMEN	T				
	NAME & PHONE OF CONT							
В.	SEND ACKNOWLEDGMEN	NT TO: (Nam	e and Address)				•	
	First Cor PO Box 1 Birmingh	1746						
					THE ADOVE SDA	ce le soi	S EII ING AEEICE IIGE (ani v
1a.	INITIAL FINANCING STATEME	ENT FILE #			THE ABOVE SPA	1b. This	FILING OFFICE USE	MENDMENT is
2000-43399 Shelby County							e filed (for record) (or record) LESTATE RECORDS.	ed) in the
2.	TERMINATION: Effective	eness of the Fin	ancing Statement identified above is	terminated with respect to sec	curity interest(s) of the S	Secured Par	y authorizing this Termination	n Statement.
3.	CONTINUATION: Effect continued for the additional		Financing Statement identified above down applicable law.	e with respect to security inte	rest(s) of the Secured	Party autho	rizing this Continuation State	ement is
4.	ASSIGNMENT (full or pa	rtial): Give nam	e of assignee in item 7a or 7b and a	ddress of assignee in item 7c; a	and also give name of	assignor in i	tem 9.	
	AMENDMENT (PARTY INF			tor or Secured Party of r	record. Check only <u>on</u>	<u>e</u> of these t	wo boxes.	
	CHANGE name and/or addr in regards to changing the n	ress: Please ref		DELETE name: Give rec		ADD r	ame: Complete item 7a or 7 c: also complete items 7e-7g	b, and also (if applicable).
6.	CURRENT RECORD INFOR	MATION:					· · · · · · · · · · · · · · · · · · ·	
	6a. ORGANIZATION'S NAME	_	T TD					
OR	Caldwell 66. INDIVIDUAL'S LAST NAM	_	Lı Lı E'	FIRST NAME		MIDDLE	NAME	SUFFIX
7.	7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME							
OR	7b. INDIVIDUAL'S LAST NAM	AF		FIRST NAME		MIDDLE	JARAE	SUFFIX
		***-					4/ 1/4/L	
7c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7d.	7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			7f. JURISDICTION OF ORG	7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any		NONE	
	AMENDMENT (COLLATER	<u></u>						
	Describe collateral X deleted Partial		or give entire restated collatera	I description, or describe colla	ateral assigned.			
			ing to the Survey Book 32, page 7,					-
9. 1	adds collateral or adds the author	prizing Debtor, o	ORD AUTHORIZING THIS AMEN or if this is a Termination authorized to	NDMENT (name of assignor, in a Debtor, check here and	if this is an Assignment d enter name of DEBT	t). If this is a FOR author	an Amendment authorized by zing this Amendment.	a Debtor which
	9a. ORGANIZATION'S NAME		1 Ronle					
OR	First Con		T Dalik	FIRST NAME		MIDDLE	IAME	SUFFIX
		_				ן ייייטטנב י		
10.0	DPTIONAL FILER REFERENCE	DATA			<u> </u>	<u></u>		
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							REOR	DER FROM

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(763) 421-1713