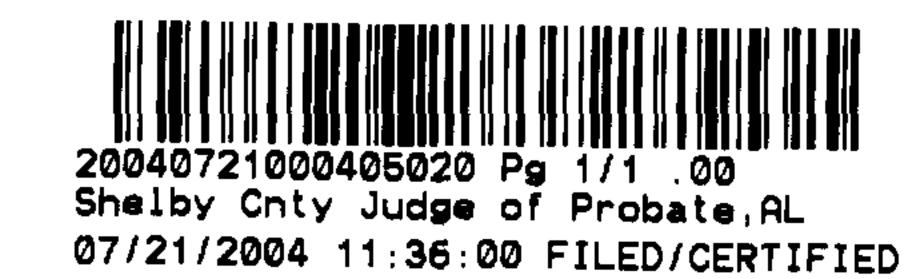
		 <u> </u>
	_	



UCC FINANCING	STATEMENT AMENDMEN	T		
	S (front and back) CAREFULLY ONTACT AT FILER [optional]			
<u></u>				
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)			
	s Document Solutions vay Oaks Drive			
Suite 100	o, CA 95833			
Sacramento	J, CA JOSS			
18975823-2				
		THE ABOVE SE	PACE IS FOR FILING OFFICE USE C	SNI Y
1a. INITIAL FINANCING STAT	FEMENT FILE #	THE ABOVE SE	1b. This FINANCING STATEMENT A	MENDMENT is
23691 Date: 08,	/15/1989		to be filed [for record] (or records REAL ESTATE RECORDS.	;d) in the
2. X TERMINATION: Eff	ectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	e Secured Party authorizing this Termination	Statement
	Effectiveness of the Financing Statement identified abortional period provided by applicable law.	ve with respect to security interest(s) of the Secure	ed Party authorizing this Continuation State	ement is
4. ASSIGNMENT (full of	or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name o	of assignor in item 9.	
	INFORMATION): This Amendment affects De		one of these two boxes.	
CHANGE name and/or a	wing three boxes <u>and</u> provide appropriate information in it address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item 7a or 7b, a	
in regards to changing the name/address of a party. 5. CURRENT RECORD INFORMATION:		to be deleted in item 6a or 6b.	also complete items 7e-7g (if applicab	le)
6a. ORGANIZATION'S N	IAME			
OR 6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	TSUFFIX
GD. HADIAIDONE 3 ENST	IAMIC	FIRST NAME	INTODEE NATIVIE	30,112
7. CHANGED (NEW) OR A				
OR 7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
7 + CEE INCEDIO	ADDU INCO DE LA TYDE OF OBOANIZATION	74 1110100100100100000000000000000000000	7 ODC 45.17.47.05.41.10.41.10.41.15	
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NON
·	ATERAL CHANGE): check only <u>one</u> box. leted or added, or give entire restated collater	al description, or describe collateral assigned		
adds collateral or adds the 9a. ORGANIZATION'S N				y a Debtor which
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERS		7/20/04 INS		KDB