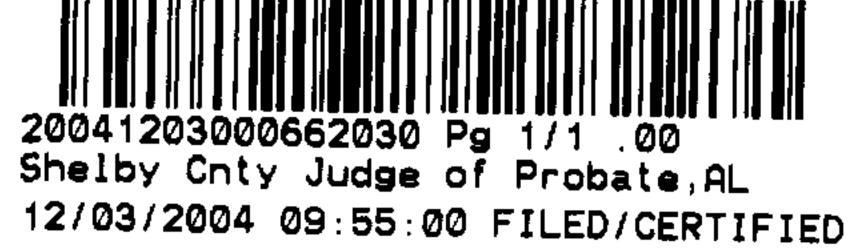
200412030006
Shelby Cnty
12/03/2004 0



UCC FINANCING STATEMENT AMENDMENT

	S (front and back) CAREFULLY					
	CONTACT AT FILER [optional]					
Diligenz, Inc.						
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)					
10883552						
Diligenz, In						
	our Heights Pkwy, Suite 400					
Mukilteo, W	/A 98275					
	Filed In: Alaba	ima Shelby				
		<u></u>	THE ABOVE SPACE	E IS FOR	FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STA					INANCING STATEMENT	
2001-57032 12	2/28/2001			to be f	filed [for record] (or record	
2. X TERMINATION: Ef	fectiveness of the Financing Statement identified abov	e is terminated with respect to s	ecurity interest(s) of the Sec	cured Party	ESTATE RECORDS. authorizing this Termination	n Statement
3. CONTINUATION:	Effectiveness of the Financing Statement identified a					
continued for the addit	tional period provided by applicable law.		in out (a) ar the cooding of a	arty authoriz	ing this Continuation Sta	tement is
4. ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7	c: and also give name of ass	signor in iter	m 9	
··	/ INFORMATION): This Amendment affects	· · _ · _ · _ · _ · .				
Also check one of the follo	استا wing three boxes <u>and</u> provide appropriate information i	in items 6 and/or 7.	on records. Check offiny offe	oi illese (MC	Doxes.	
CHANGE name and/or a	address: Please refer to the detailed instructions ne name/address of a party.	DELETE name: Give r	ecord name	ADD nam	ne: Complete item 7a or 7b,	and also item 7c:
6. CURRENT RECORD IN		to be deleted in item 6a	a or 6b.	<u>also com</u>	plete items 7e-7g (if applica	ble).
6a. ORGANIZATION'S N		<u> </u>				
OR 6b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NA	MF	SUFFIX
MOORE		ANTHONY		R	. ***	JOHEIX
7. CHANGED (NEW) OR A	DDED INFORMATION					<u> </u>
7a. ORGANIZATION'S N			·	<u>-</u> <u>-</u>	<u> </u>	
OR 76. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NA	NAE-	OUEEN
			"	AIIDDEE MY	IAIC	SUFFIX
7c. MAILING ADDRESS		CITY		 		
			[\$	STATE P	OSTAL CODE	COUNTRY
7d. SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	75 HURISDICTION OF OR	O 4 N 11 T A T 1 O N 1		·= - = · · · · · · · · · · · · · · · · ·	
	ORGANIZATION '	7f. JURISDICTION OF OR	GANIZATION	g. ORGAN	IZATIONAL ID#, if any	
	DEBTOR					NONE
8. AMENDMENT (COLLA	TERAL CHANGE): check only one box.			·		
Describe collateraldel	eted or added, or give entire restated collat	eral description, or describe co	ollateralassigned.			

9a. ORGANIZATION'S NAME	or if this is a Termination authorized by a Debtor, check here and		ient.
REGIONS BANK			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERENCE DATA			