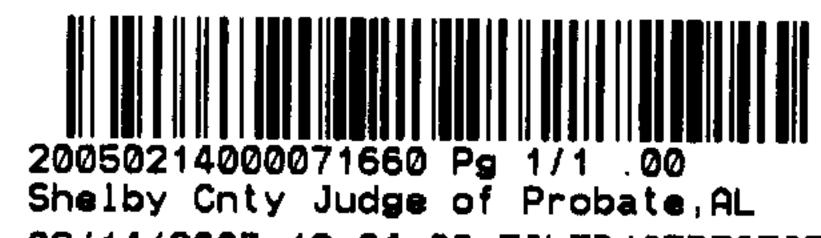
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02/14/2005 12:04:00 FILED/CERTIFIED

FOLLOW INSTRUCTION		ENT AMENDMEN  () CAREFULLY					
A. NAME & PHONE OF (	ONTACT AT FIL	ER [optional]					
Diligenz, Inc.	1-800-858-52	294					
B. SEND ACKNOWLED	MENT TO: (Nan	ne and Address)	······				
11838591							
Diligenz, In	C.		•				
•		Pkwy, Suite 400					
Mukilteo, W							
		Filed In: Alabam	a Shelby				
<del></del>			<u></u> -	THE ABOVE SPA	CE IS FOR FILI	NG OFFICE USE	ONLY
1a. INITIAL FINANCING STA				·		CING STATEMENT	
200148291 11	/07/2001				to be filed [1	for record] (or record	ed) in the
2. X TERMINATION: E	fectiveness of the Fi	inancing Statement identified above is	terminated with respect to secu	rity interest(s) of the S			n Statement
·		Financing Statement identified above			***		
continued for the addi	tional period provide	ed by applicable law.	To with respect to security intere	isi(s) of the Seculed	raity authorizing ti	ns Continuation Star	tement is
ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and a	ddroce of acciongs in item 7c; o	nd also sino nome of	i		<del></del>
		V): This Amendment affects Del		cord. Check only <u>on</u>	e of these two boxe	<del>9</del> \$.	
		nd provide appropriate information in itertothedetailed instructions	tems o and/or /.  DELETE name: Give recor	rd name	□ ADD name: Ca	omnioto itam 7a az 7h	and also itass 7a.
in regards to changing t	he name/address of a	party.	to be deleted in item 6a or		also complete	mplete item 7a or 7b, tems 7e-7g (if applica	and also item /c; ble).
6. CURRENT RECORD IN							
6a. ORGANIZATION'S I	NAME						
OR Ch. INDUALIC LAC							
66. INDIVIDUAL'S LAST NAME  GARRETT		FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX	
		FERMAN		H			
7. CHANGED (NEW) OR A	DDED INFORMAT	FION:					
7a. ORGANIZATION'S I	VAME						· · · · · · · · · · · · · · · · · · ·
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUF		SUFFIX	
c. MAILING ADDRESS		<del></del>	CITY		STATE POST	AL CODE	COUNTRY
d SEEINSTRUCTIONS	ADD'L INFO RE	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGAI	NIZATION	Za OPGANIZATI	ONAL ID #, if any	
	ORGANIZATION		71. SURISDICTION OF CROAL	NIZATION	Ty. OKGANIZATI	ONAL ID #, If any	<b></b>
	DEBTOR						NONE
3. AMENDMENT (COLL					•••		
Describe collateral de	leted or added	, or give entire restated collatera	al description, or describe collar	teralassigned.			
		1					
NAME OF SECURED	PARTY OF REC	ORD AUTHORIZING THIS AME	ENDMENT (name of occion of its	£44:-:	A) 16.11		···
adds collateral or adds the	authorizing Debtor,	or if this is a Termination authorized I	by a Debtor, check here and	rinis is an Assignmen Lenter name of DEB	וז). וז נחוב is an Ame COR authorizing thi	endment authorized b s Amendment	y a Debtor which
9a. ORGANIZATION'S N					- r t datilolizing till		<u></u> .
REGIONS BA							
96. INDIVIDUAL'S LAST			FIRST NAME		MICOL E MARKE	<u></u>	CHECK
I I I I I I I I I I I I I I I I I I I	(1 <b>41</b>		FIRST NAME		MIDDLE NAME		SUFFIX
I							1
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