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 Shelby Cnty Judge of Probate, AL
 04/13/2005 09:28:57AM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

12621927
 Diligenz, Inc.
 6500 Harbour Heights Pkwy, Suite 400
 Mukilteo, WA 98275

Filed In: Alabama Shelby

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 2001-57030 12/28/2001

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.

DELETE name: Give record name to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR
 6b. INDIVIDUAL'S LAST NAME: HORTON
 FIRST NAME: LUCIOUS
 MIDDLE NAME: RAY
 SUFFIX:

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR
 7b. INDIVIDUAL'S LAST NAME: _____
 FIRST NAME: _____
 MIDDLE NAME: _____
 SUFFIX: _____

7c. MAILING ADDRESS: _____
 CITY: _____ STATE: _____ POSTAL CODE: _____ COUNTRY: _____

7d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR
 7e. TYPE OF ORGANIZATION
 7f. JURISDICTION OF ORGANIZATION
 7g. ORGANIZATIONAL ID #, if any
 NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

REGIONS BANK

OR
 9b. INDIVIDUAL'S LAST NAME: _____
 FIRST NAME: _____
 MIDDLE NAME: _____
 SUFFIX: _____

10. OPTIONAL FILER REFERENCE DATA
 02900193000210264

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