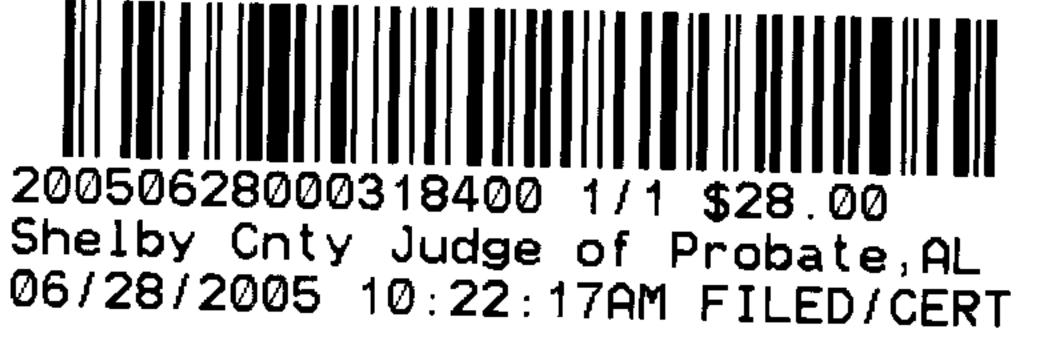
2005062800
2005062800 Shelby Cot
Shelby Cnt 06/28/2005



UCC FINANCING STATEMENT AMENDMEN			
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)			
13692967			
Diligenz, Inc.			
6500 Harbour Heights Pkwy, Suite 400			
Mukilteo, WA 98275			
Filed In: Alabam	na Sneiby		
	THE ABOVE S	PACE IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE # 1995/18896 7/18/1995 0 2000/215071 - 06/2	28/2000	to be filed [for record] (continued and the record) (continued and the record) (continued and the record) (continued and the record)	EMENT AMENDMENT is or recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above i	is terminated with respect to security interest(s) of t		
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secu	red Party authorizing this Continua	tion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	e of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i		, Alix of these two doxes.	
[TT] CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item	7a or 7b. and also item 7c:
in regards to changing the name/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g (i	•
6. CURRENT RECORD INFORMATION:	· 		······································
6a. ORGANIZATION'S NAME			
OR CL INDUVIDUALIC LACTINANAE			
DE INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Olvey	Andrew	Don	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	<u></u>		
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
ORGANIZATION	71. JUNISDICTION OF ORGANIZATION	79. ORGANIZATIONAL ID #,	ii aiiy
DEBTOR			NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigne	ed.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of D	EBTOR authorizing this Amendme	nt.
9a. ORGANIZATION'S NAME First Alabama Bank			
First Alabama Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERENCE DATA			
0.01-10.14710355-0001 (Olvev)			13692967