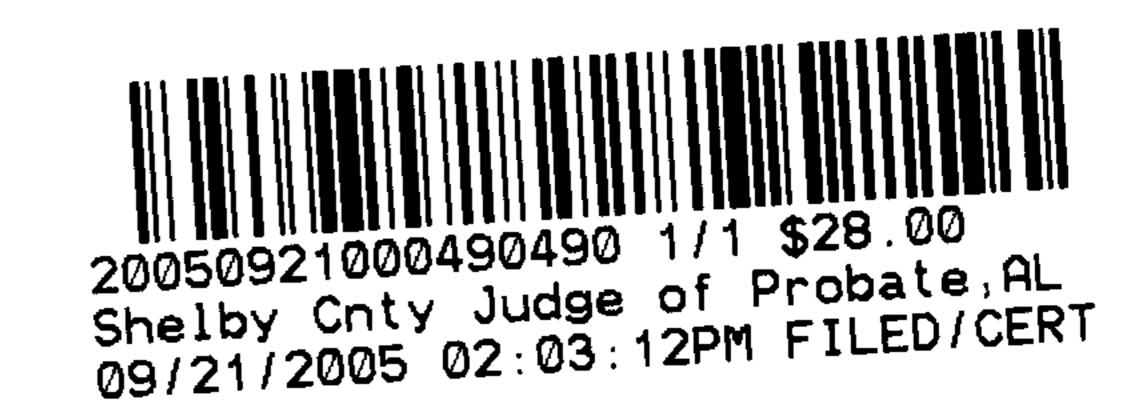
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IC	CEINANCING	: STATEM	ENT AMENDMEN	T				
	LOW INSTRUCTIONS							
*****	NAME & PHONE OF CO							
5	Ann Moore							
B. \$	SEND ACKNOWLEDGN	MENT TO: (Nam	e and Address)					
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1a. l	NITIAL FINANCING STATI	EMENT FILE#			INCABOVES		This FINANCING STATEMEN	
	200312050007885	520					to be filed [for record] (or record) REAL ESTATE RECORDS.	· -
2.	TERMINATION: Effe	ectiveness of the Fir	nancing Statement identified above is	terminated with respec	to security interest(s) of the	عظي كالوارد والمراجعة		
3.				77 YO O O O O O O O O O O O O O O O O O	N-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C			
L.	continued for the addition	onal period provide	Financing Statement identified aboved by applicable law.		ny miorodi(o) or mo ocoun	ou i dity t	autonzing tins continuation c	REIGHTON 13
4.	ASSIGNMENT (full o	r partial): Give nan	ne of assignee in item 7a or 7b and a	ddress of assignee in it	em 7c; and also give name	of assigno	or in item 9.	
5. <i>F</i>): This Amendment affects Deb		arty of record. Check only			
			ر السام provide appropriate information in ite	i i i i i i i i i i i i i i i i i i i		.92396	JOU THO BOXOU.	
Γ	CHANGE name and/or a	address: Give curre	ent record name in item 6a or 6b; also d/or new address (if address change)	give new DEL	ETE name: Give record na	me 🔽	ADD name: Complete item item 7c; also complete items	7a or 7b, and also
_	CURRENT RECORD INF		Jor new address (ii address change)	in item 7c. Lito b	deleted in item 6a or 6b.		item /c; also complete items	/d-/g (if applicable).
,	6a. ORGANIZATION'S NA		· · · · · · · · · · · · · · · · · · ·			<u></u>	-	· · · · · · · · · · · · · · · · · · ·
	Investment Ass	sociates, LLC						
OR	6b. INDIVIDUAL'S LAST I	NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE NAME		SUFFIX
7. (CHANGED (NEW) OR AD	DED INFORMAT	ION:					
1	7a. ORGANIZATION'S NA							
OR	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDE	MIDDLE NAME	
,				CITY	*************************************	STA	TE POSTAL CODE	COUNTRY
7c. N	MAILING ADDRESS							
7c. N	MAILING ADDRESS					1	<u>į</u>	•
7c. I	MAILING ADDRESS TAX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION	7f. JURISDICTION C	ORGANIZATION	7g. C	RGANIZATIONAL ID #, if any	
7c. I		ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION C	ORGANIZATION	7g. C	RGANIZATIONAL ID #, if any	
7d.	TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR		7f. JURISDICTION C	FORGANIZATION	7g. C	RGANIZATIONAL ID #, if any	
7d.	TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR TERAL CHANGE	=): check only <u>one</u> box.				RGANIZATIONAL ID #, if any	
7d.	TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR TERAL CHANGE					RGANIZATIONAL ID #, if any	NONE
7d.	TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR TERAL CHANGE	=): check only <u>one</u> box.				RGANIZATIONAL ID #, if any	
7d.	TAX ID #: SSN OR EIN MENDMENT (COLLA) escribe collateral dele	ORGANIZATION DEBTOR TERAL CHANGE	=): check only <u>one</u> box.				RGANIZATIONAL ID #, if any	
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7d. 8. A PA	TAX ID #: SSN OR EIN MENDMENT (COLLA- escribe collateral dele ARTIAL of 48, according to	ORGANIZATION DEBTOR TERAL CHANGE added,	E): check only one box. or give entire restated collatera	description, or description	be collateral assigned			NONE
7d. 8. A PA	TAX ID #: SSN OR EIN MENDMENT (COLLA- escribe collateral dele ARTIAL of 48, according to	ORGANIZATION DEBTOR TERAL CHANGE added,	E): check only <u>one</u> box. or give entire restated collatera	description, or description	be collateral assigned			NONE
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