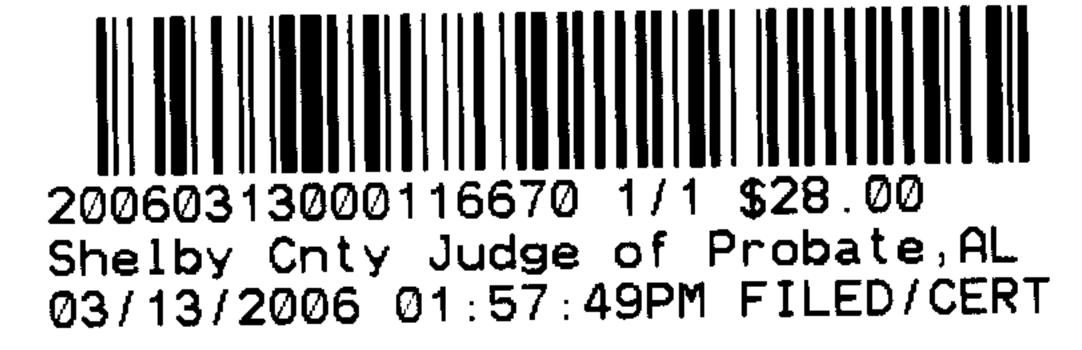
	•••		
			 <u> </u>



OLLOW INSTRUCTIONS			ENT				
A. NAME & PHONE OF C							
Diligenz, Inc. 1	-800-858-529	94					
B. SEND ACKNOWLEDG	MENT TO: (Name	and Address)					
18076351							
Prepared by	/ .						
Diliaana Ind	_						
Diligenz, Inc		wy, Suite 400					
Mukilteo, W	•	tvy, Cuito 400					
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<u></u>		Filed III. Alab	ama Shelby	TI I TO TO TO THE PARTY OF THE		· = : : : : : : : : : : : : : : : : : :	
4 - INSTRACTOR OTAC				THE ABOVE		FILING OFFICE U	
1a. INITIAL FINANCING STATE 1996-10596 04	1/02/1996					filed [for record] (or re	
					REA	L ESTATE RECORDS.	······································
2. TERMINATION: Ef	ectiveness of the Fina	incing Statement identified ab	ove is terminated with respect to se	curity interest(s) of	the Secured Part	y authorizing this Termi	nation Statement.
1 7 7 1			above with respect to security into	erest(s) of the Secu	ured Party author	rizing this Continuation	Statement is
continued for the addit	ional 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 nam	e of assignor in it	em 9.	
5. AMENDMENT (PART)	(INFORMATION):	This Amendment affects	Debtor <u>or</u> Secured Party of	record. Check on	ly <u>one</u> of these t	vo boxes.	
		provide appropriate informatio					
		the detailed instructions	DELETE name: Give re		ADD na	ame: Complete item 7a o	r 7b, and also item 7c;
in regards to changing the		arty.	to be deleted in item 6a	or ob.	alsoco	mplete items 7e-7g (if ap	piicable).
6. CURRENT RECORD IN 6a. ORGANIZATION'S N				 			·
OR 6b. INDIVIDUAL'S LAST	NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE	IAME	SUFFIX
<u> </u>	IVAIVIE			•			
Raughley	*		Caroline	<u> </u>	M		
7. CHANGED (NEW) OR A	DDED INFORMATION	ON:				······································	·
7a. ORGANIZATION'S N	IAME				- ''		•
OR 7b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	VAME	SUFFIX
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE	7e. TYPE OF ORGANIZATION	N 7f. JURISDICTION OF ORG	GANIZATION	7g. ORG	ANIZATIONAL ID#, if a	ny
	ORGANIZATION '						
	DEBTOR						NONE
8. AMENDMENT (COLLA	<u></u> '	·		 -			
Describe collateral de	leted oradded,	or give entire restated co	llateral description, or describe co	ollateralassign	red.		
	DARTY OF DECC	NOD ALITUODIZINO TUIC	- ANACHICANACHT (
			S AMENDMENT (name of assigndorized by a Debtor, check here	_	•		-
		7) II till 3 is a Terriffication autilit	Aized by a Debior, cricor field				
9a. ORGANIZATION'S N							
OR		······································					
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
10.OPTIONAL FILER REFER	ENCE DATA				, , <u>[</u>	·	<u> </u>
003-5071623-9							18076351