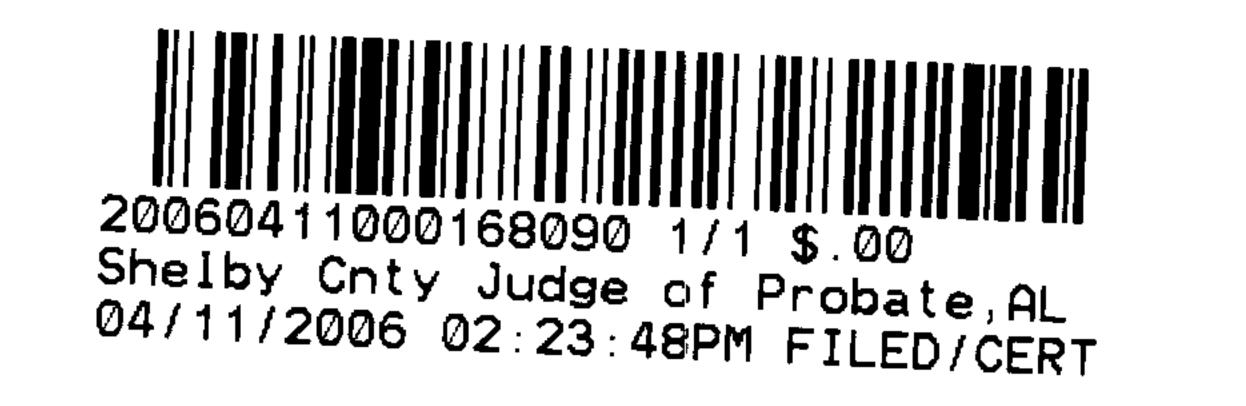
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NAME & PHONE OF CONTACT AT FILER [optional]			
Diligenz, Inc. 1-800-858-5294			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
18649076 Prepared by:			
Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 4	00		
Mukilteo, WA 98275 L Filed Ir	n: Alabama Shelby		
NITIAL FINANCING STATEMENT FILE # 023244 6/16/1989	IHE AB	1b. This FINANCING STATEMENT	AMENDMENT
		to be filed [for record] (or record) REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement ide			
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	it identified above with respect to security interest(s) of the	e Secured Party authorizing this Continuation Sta	atement is
ASSIGNMENT (full or partial). Give name of assignee in item	n 7a or 7b and address of assignee in item 7c: and also give	e name of assignor in item 9.	· · · · · · · · · · · · · · · · · · ·
AMENDMENT (PARTY INFORMATION): This Amendment			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate			
CHANGE name and/or address: Please refer to the detailed instruction in regards to changing the name/address of a party.	ons DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b also complete items 7e-7g (if applica	, and also item 7d
CURRENT RECORD INFORMATION:			4D1C).
6a. ORGAN'ZATION'S NAME			· · · · · · · · · · · · · · · · · · ·
6b. INDIVIDUAL'S LAST NAME			
BILI	FIRST NAME SHARON	MIDDLE NAME	SUFFIX
	SHARON		
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGAN:ZATION'S NAME			·
ra. OROMINZATION SINANE			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	ANIZATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if any	l
			N
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AMENDMENT (COLLATERAL CHANGE): check only one be Describe collateral deleted or added, or give entire re NAME OF SECURED PARTY OF RECORD AUTHORIZII adds collateral or adds the authorizing Debtor, or if this is a Termina 9a. ORGANIZATION'S NAME	estated collateral description, or describe collateral a	Assignment). If this is an Amendment authorized	by a Debtor whi