

	NAME & PHONE OF CONTACT AT FILER [optional]						
	Phone (800)	3) 662-4141					
(,	SEND ACKNOWLEDGEMENT TO: (Name and Mailin	^{ng Address)} 11467 Wacho	ovia Bank,				
	UCC Direct Services	829133	6				
	P.O. Box 29071						
	Glendale, CA 91209-9071	ALAL					
		FIXTUR	E				
				THE AB	OVE SPACE I	S FOR FILING OFFICE US	E ONLY
	INITIAL FINANCING STATEMENT FILE # 200134850 08/16/01 Shelby				1b. This to b	FINANCING STATEMENT e filed [for record] (or record AL ESTATE RECORDS.	AMENDMENT ded) in the
_	TERMINATION: Effectiveness of the Final	ancing Statement identified above	e is terminated with resp	ect to security interest(s)	of the Secured	Party authorizing this Term	nination Stateme
	X CONTINUATION: Effectiveness of the Final continued for the additional period provided by a	encing Statement identified above applicable law.	e with respect to the sec	urity interest(s) of the Sec	ured Party aut	horizing this Continuation S	tatement is
,	ACCICNIMENT /full or portiolly Cive many	of accionas in Hom 7 7-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	maa in 7a, and de-	VA MANA - F -	coionar in Hamm	
	ASSIGNMENT (full or partial): Give name						
	AMENDMENT (PARTY INFORMATION): This A			Party of record. Check onl	y <u>one</u> of these	two boxes.	
	Also check one of the following three boxes are CHANGE name and/or address: Give current rec	<u>nd</u> provide appropriate infor cord name in item 6a or 6b; also	rmation in items 6 and give new	I/or /. LETE name: Give record	name []	ADD name: Complete item	7a or 7b. and al:
	name (if name change) in item 7a or 7b and/or ne		_ , ,	e deleted in item 6a or 6b	i i	tem 7c; also complete item	
-	URRENT RECORD INFORMATION:				······································		
	6a. ORGANIZATION'S NAME						
	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	FARAT	CHEEN
	Hollis		Kenneth			ANIVIE.	SUFFIX
			IXCIIICUI		W.		·
	CHANGED (NEW) OR ADDED INFORMATION	N:		· · · · · · · · · · · · · · · · · · ·			
	7a. ORGANIZATION'S NAME						
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	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	IAME	SUFFIX
_	MAILING ADDRESS		CITY	<u>. </u>	CTATE	DOSTAL CODE	COLINTOV
ı	VIAILING ADDINESS				STATE	POSTAL CODE	COUNTRY
1				OPCANIZATION	7- 0004	NIZATIONAL ID #, if any	<u> </u>
	ORGANIZATION	TYPE OF ORGANIZATION	7f. JURISDICTION OF	ONGANIZATION	rg. ORGA		NO
<u> </u>	ORGANIZATION DEBTOR		7f. JURISDICTION OF	ONGAMIZATION	/g. ORGA		NO
	ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): che	eck only o <u>ne</u> box.					NO
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	ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or se	eck only one box. give entire restated collate	eral description, or des	cribe collateral assignment	gned.	Amendment authorized by	
	ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che deleted or added, or getting added, or getting added, and adds collateral or adds the authorizing Debtor, or if the adds collateral or adds the authorizing Debtor, or if the authorizing Debtor authorizing Debtor authorized Debtor au	eck only one box. give entire restated collate	eral description, or des	cribe collateral assignment	gned.	Amendment authorized by	
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0231330 Debitor Name. Homs, Kenneth W. 03/0124/01401/10 - 001/KD 0101/4/0312/

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
	NITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)						
200	0134850 08/16/01 Shelby	y					
12.	NAME of PARTY AUTHORIZING THIS A	MENDMENT (same as item 9 on Ame	endment form)				
	12a. ORGANIZATION'S NAME Wachovia Bank, NA, as successor by merger to SOUTHTRUST BANK						
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX				
13.	Use this space for additional infor	mation					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

_ Description: For LEGAL DESCRIPTION please refer to original UCC filing #200134850, dated 08/16/2001.