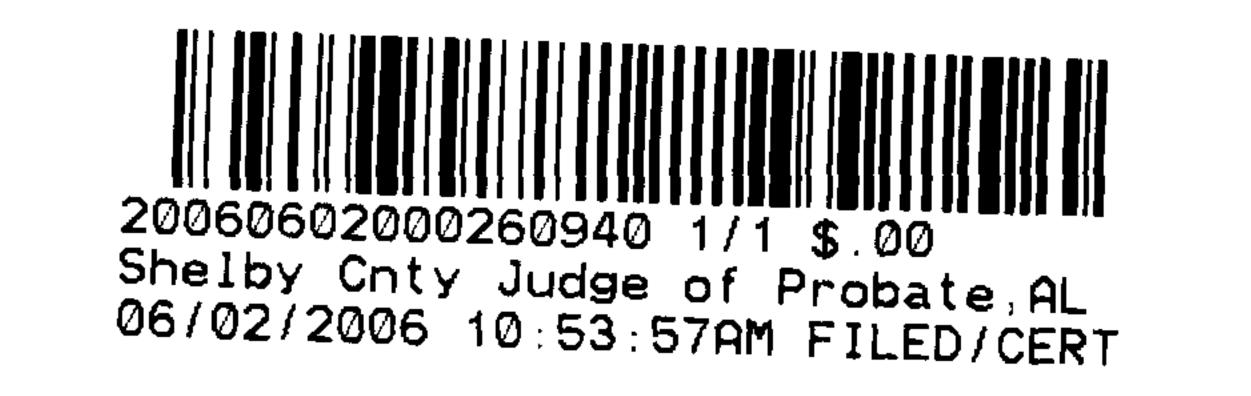
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UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
Diligenz, Inc. 1-800-858-5294			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
19699559			
Prepared by:			
r repared by.			
Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275			
Filed In: Alabam	_______________________________		
1a. INITIAL FINANCING STATEMENT FILE # 07928 07/26/2004	I HE ABOVE SP	1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	AMENDMENT is
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the		
CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law.			
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 o	f assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	btor or Secured Party of record. Check only of	<u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in it			
CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party.	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	
6a. ORGANIZATION'S NAME	······································		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MILLER	ARTHUR	WILLIAMS	JR
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. <u>SEEINSTRUCTIONS</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
3. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateralassigned.	,	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME			by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME DECIONS RANK	by a Debior, check here and entername of DEI	authorizing this Amendment.	
REGIONS BANK			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.0PTIONAL FILER REFERENCE DATA 00300711003202012			19699559