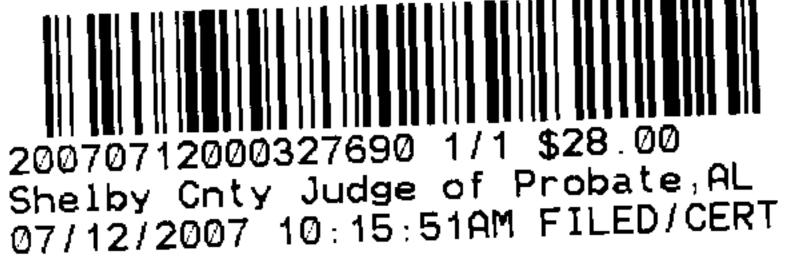
2007071200032 Shelby Cnty J 07/12/2007 10



A. NAME & PHONE OF	VS (front and back)					
Diligenz, Inc.						
B. SEND ACKNOWLED			· 			
24865882	•	, and the second				
Prepared b	71/ *					
Diligenz, Ir	•					
•		kwy, Suite 400				
Mukilteo, V	-	wy, Suite 400			•	
. iviakiitee, v	VA 30210					
		Filed In: Alabam	a Shelb <u>y</u>	THE ABOVE S	PACE IS FOR FILING OFFIC	ELICE ONL V
1a. INITIAL FINANCING STA 018895 12/30					1b. This FINANCING STAT	EMENT AMENDMENT is
018895 12/30/1987 TERMINATION: Effectiveness of the Financing Statement identified above is					to be filed [for record] (REAL ESTATE RECOR	RDS.
						
continued for the add	Effectiveness of the Fitional period provided	inancing Statement identified abored by applicable law.	ve with respect to secu	rity interest(s) of the Secu	red Party authorizing this Continua	ation Statement is
4. ASSIGNMENT (ful	l or partial): Give name	e of assignee in item 7a or 7b and a	address of assignee in it	em 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PART	Y INFORMATION):	This Amendment affects De	btor <u>or</u> Secured F	arty of record. Check only	one of these two boxes.	
		provide appropriate information in it				
in regards to changing	raddress: Please refer to the name/address of a pa		DELETE name: to be deleted in it		ADD name: Complete item also complete items 7e-7g	7aor7b, and also item 7c; (ifapplicable).
6. CURRENT RECORD IN	· · · · · · · · · · · · · · · · · · ·				······································	· · · · · · · · · · · · · · · · · · ·
6a. ORGANIZATION'S Western Poc		erties Limited Partners	shin			
OR 66. INDIVIDUAL'S LAS			FIRST NAME	<u>-</u> <u>-</u>	MIDDLE NAME	SUFFIX
					IAIIDDEE MAME	SUFFIX
7. CHANGED (NEW) OR A	ADDED INFORMATIO	DN:				
7a. ORGANIZATION'S		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
OR						
7b. INDIVIDUAL'S LAS	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS			CITY		OTATE DOOTAL CODE	
C. MINICATO ADDINEGO			CIFT		STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE	7e. TYPE OF ORGANIZATION	7f. JURISDICTION C	F ORGANIZATION	7g. ORGANIZATIONAL ID #	if any
	ORGANIZATION '					, u., ,
	DEBTOR				1	<u> </u>
d. <u>SEE INSTRUCTIONS</u>		7e. TYPE OF ORGANIZATION	7f. JURISDICTION C	OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	, if any
	eleted or added, o	or give entire restated collaters				
Describe collateral describe d	PARTY OF RECO	·	ENDMENT (name of a	ssignor, if this is an Assign	ment). If this is an Amendment auti	horized by a Debtor which
NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N	PARTY OF RECO	RD AUTHORIZING THIS AME	ENDMENT (name of a	ssignor, if this is an Assign	ment). If this is an Amendment auti	horized by a Debtor which
NAME OF SECURED adds collateral or adds the	PARTY OF RECO e authorizing Debtor, or NAME Insurance Co	RD AUTHORIZING THIS AME	ENDMENT (name of a	ssignor, if this is an Assign	ment). If this is an Amendment auti	horized by a Debtor which ent.
Describe collateral describe d	ATERAL CHANGE) eleted or added, of authorizing Debtor, or NAME Insurance Co	RD AUTHORIZING THIS AME	ENDMENT (name of a by a Debtor, check here	ssignor, if this is an Assign	ment). If this is an Amendment auti EBTOR authorizing this Amendme	norized by a Debtor which