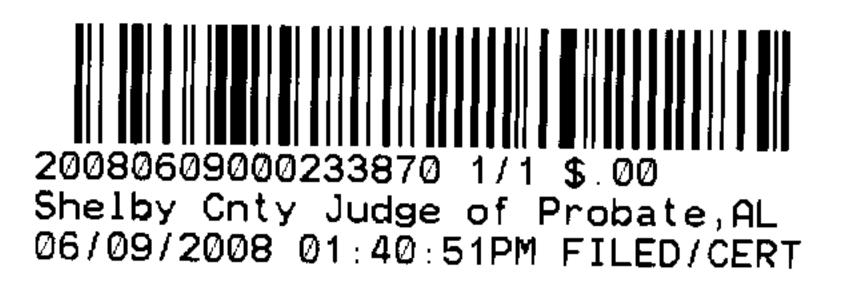
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UCC FINANCIN	G STATEMENT AMENDMEN	T		
	NS (front and back) CAREFULLY	· · · · · · · · · · · · · · · · · · ·		
	CONTACT AT FILER [optional]			
<u> </u>	nc. 1-800-858-5294 GMENT TO: (Name and Address)			
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1a. INITIAL FINANCING STA	ATEMENT FILE#	I THE ABOVE S	1b. This FINANCING STATEME	
	2/22/92		to be filed [for record] (or rec	
2 TERMINATION: E	ffectiveness of the Einaneina Statement identified above i	c tormain atod with ream at to acquity interest/a) of the	REAL ESTATE RECORDS.	
	ffectiveness of the Financing Statement identified above is			
continued for the add	Effectiveness of the Financing Statement identified about itional period provided by applicable law.	ve with respect to security interest(s) of the Secui	ed Party authorizing this Continuation	Statement is
	or partial): Give name of assignee in item 7a or 7b and a			
		btor <u>or</u> Secured Party of record. Check only	one of these two boxes.	
	owing three boxes <u>and</u> provide appropriate information in it			
	address: Please refer to the detailed instructions 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 also complete items 7e-7g (if app	
6. CURRENT RECORD IN	VFORMATION:			
6a. ORGANIZATION'S	NAME		· · · · · · · · · · · · · · · · · · ·	
OR Ch. INDIVIDUALIST AS				
OB. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
ELLISON		BRIAN		
7. CHANGED (NEW) OR	ADDED INFORMATION:			
7a. ORGANIZATION'S	NAME			
7b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if an	V
	ORGANIZATION ' DEBTOR I			,
O ANAENIDMENIT (COLL				NONE
·	ATERAL CHANGE): check only <u>one</u> box.			
Describe collateral de	eleted or added, or give entire restated collatera	al description, or describe collateralassigne	i .	
NAME OF SECURED	PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assigna	nont\ If this is on Among the saint	
adds collateral or adds the	authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	o by a Debtor Which
9a. ORGANIZATION'S N				
REGIONS BA	NK			
9b. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE NAME	SUFFIX
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