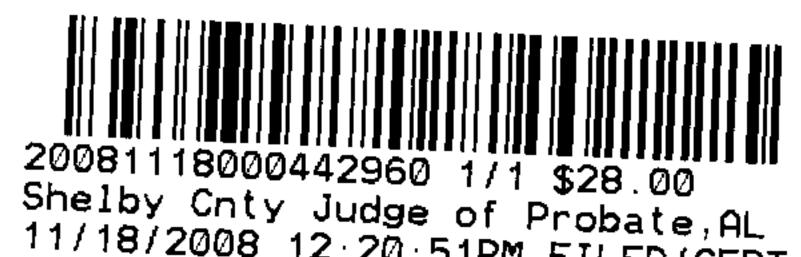
2008 Shelk 11/18



				11/18/2008 12:20:51PM F	ILED/CERT
	CC FINANCING STATEMENT AMENI	OMENT			
	NAME & BHONE OF CONTACT AT EUED (and)				
	NAME & PHONE OF CONTACT AT FILER [optional] CSC Diligenz, Inc. 1-800-858-5294				
	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	38413888				
	CSC Diligenz, Inc.				
	6500 Harbour Heights Pkwy, Suite 400				
	Mukilteo, WA 98275				
	Filed In:				
1a.	. INITIAL FINANCING STATEMENT FILE #		PACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is		
	1999-09298 3/5/1999	1b. This FINANCING STAT to be filed [for record] (
2	TERMINATION: Effectiveness of the Einanging Statement ident	final alegan is to the second of the second		REAL ESTATE RECOR	RDS.
3	TERMINATION: Effectiveness of the Financing Statement identifications of the Financing Statement identification identifications of the Financing Statement identification				
J.	CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law.	entified above with respect to securi	ity interest(s) of the Se	cured Party authorizing this Continua	ition Statement is
4	ASSIGNMENT (full or portiol): Cive some of engineer in its 7			· · · · · · · · · · · · · · · · · · ·	
T.	ASSIGNMENT (full or partial): Give name of assignee in item 7a				
	AMENDMENT (PARTY INFORMATION): This Amendment affer		arty of record. Check o	only <u>one</u> of these two boxes.	
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate info CHANGE name and/or address: Please refer to the detailed instructions		ive record name	T ADD name: Complete item	77
	in regards to changing the name/address of a party.	to be deleted in ite		ADD name: Complete item aiso complete items 7e-7g (i	if applicable).
6.	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	······································
	THE MURRAY FAMILY, LLC				
OR	.	EIDST NAME			
	OD. INDIVIDONE O EMON WILL	FIRST NAME		MIDDLE NAME	SUFFIX
1.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			······································	
	7 a. ORGANIZATION S NAIVIE				
OR	7b. INDIVIDUAL'S LAST NAME	EIDST NAME	-, ,		
	7 D. INDIVIDUAL O LACT NAIVIL	FIRST NAME		MIDDLE NAME	SUFFIX
70	MAILING ADDRESS	CITY			
70.	WALLING ADDICESS	CITY		STATE POSTAL CODE	COUNTRY
- 7 d	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZ	ATION 76 HIDIODICTION OF			
γu,	ORGANIZATION	ATION 7f. JURISDICTION OF	ORGANIZATION	7g. ORGANIZATIONAL ID#,	if any
	DEBTOR		· · · · •		NONE
	AMENDMENT (COLLATERAL CHANGE): check only one box.		F		
[Describe collateral deleted or added, or give entire resta	ed collateral description, or describ	pe collateralassig	ned.	
	`				
<u></u>					
9. 1	NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of ass	signor, if this is an Assid	nment). If this is an Amendment auth	orized by a Debtor which
8	adds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check here		DEBTOR authorizing this Amendmen	
	9a. ORGANIZATION'S NAME			······································	
	REGIONS BANK				
UK	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE NAME	SUFFIX
10.0	OPTIONAL FILER REFERENCE DATA				
	01-34562399-0000009001 LL 11/14/2008				38413888