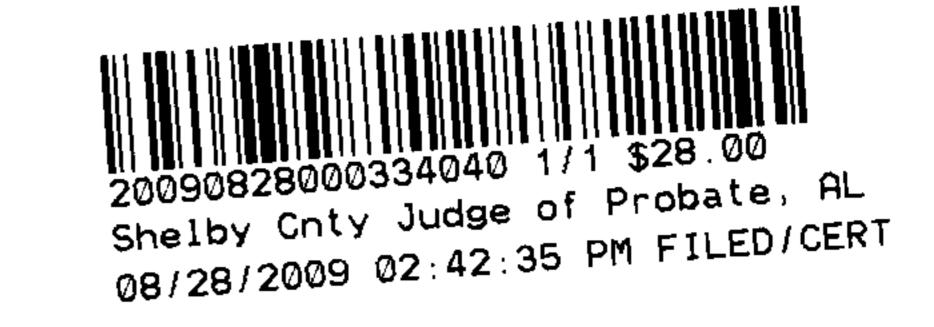
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY



## UCC FINANCING STATEMENT AMENDMENT

ESTHER MOSZKO		ER [optional]				
SEND ACKNOWLEDGE		770-325-135 ne and Address)	9			
F T	,					
I ATTN: ESTH	ÆR MOSZK	COWICZ, LEGAL	DEPT.			
HUDDLE HO	OUSE, INC.					
	r	JNWOODY ROA	D, SUITE 450			
ATLANTA, C						
<u> </u>			<b> </b>	HE ABOVE SPACE IS FO	OR FILING OFFICE I	ISE ONLY
INITIAL FINANCING STATE		200502020000520		1b. Thi	s FINANCING STATEM	ENT AMENDMENT
		200502020000530		RE	pe filed (for record) (or re AL ESTATE RECORDS	i
	وبربيض فالمتحددة بالاستجارين		ed above is terminated with respect to security	y interest(s) of the Secured Pa	rty authorizing this Term	ination Statement.
continued for the addition	ffectiveness of the onal period provide	<ul> <li>Financing Statement idea</li> <li>ad by applicable law.</li> </ul>	ntified above with respect to security interest	t(s) of the Secured Party auth	orizing this Continuation	Statement is
ASSIGNMENT (full of	r partial): Give nar	me of assignee in item 7a	or 7b and address of assignee in item 7c; and	also give name of assignor in	item 9.	
AMENDMENT (PARTY						· · · · · · · · · · · · · · · · · · ·
Also check one of the followi			mation in items 6 and/or 7.			
CHANGE name and/or a name (if name change) i	iddress: Give curre in item 7a or 7b and	ent record name in item 6a d/or new address (if addre	or 6b; also give new DELETE name ss change) in item 7c to be deleted in	Give record name All item 6a or 6b.	DD name: Complete iter m 7c; also complete iter	n 7a or 7b, and also ns 7d-7g (if applica
CURRENT RECORD INFO						
TIDE FOODS, IN						
6b INDIVIDUAL'S LAST N			FIRST NAME	MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR AD	DED INFORMAT	ION:			· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NA				<u></u>	• • • • • • • • • • • • • • • • • • • •	<u> </u>
3						
' 7b. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS	<del>,</del>	<del></del>	OITY			
WAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN	1	7e. TYPE OF ORGANIZA	TION 71. JURISDICTION OF ORGANIA	ZATION 7g. ORG.	ANIZATIONAL ID #, if ar	ny
	ORGANIZATION DEBTOR	· I				· —
	ERAL CHANGE	E): check only one box.			· · · · · · · · · · · · · · · · · · ·	I NO
AMENDMENT (COLLAT						
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Describe collateral delet						
NAME OF SECURED P	ARTY OF RECO	ORD AUTHORIZING T	HIS AMENDMENT (name of assignor, if th	is is an Assignment). If this is	an Amendment authorize	ed by a Debtor whic
NAME OF SECURED Padds collateral or adds the au	ARTY OF RECO	ORD AUTHORIZING T		is is an Assignment). If this is	an Amendment authorized izing this Amendment.	ed by a Debtor whic
NAME OF SECURED Padds collateral or adds the au 9a. ORGANIZATION'S NAME	PARTY OF RECO	ORD AUTHORIZING Tor if this is a Termination a	HIS AMENDMENT (name of assignor, if th	is is an Assignment). If this is	an Amendment authorize	ed by a Debtor which
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