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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone (800)) 331-3282 Fax (818) 662-4141
3. SEND ACKNOWLEDGEMENT TO: (Name and Mail	ing Address) 11467 WACHOVIA BANK
CT Lien Solutions	21121208
P.O. Box 29071	
Glendale, CA 91209-9071	ALAL
•	FIXTLIRE

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	lutions		2112120	8 '				
P.O. Box 29								
	CA 91209-9071		ALAL					
1			FIXTUR	E ,				
					THE ABOVE S	SPACE IS	FOR FILING OFFICE	USE ONLY
. INITIAL FINANCING	STATEMENT FILE	<u> </u>					FINANCING STATEM	——————————————————————————————————————
2005031800012	24830 03/18/0	5 CC AL She	elby			x to be	e filed [for record] (or re	corded) in the
TERMINATION:	Effectiveness of th	e Financing Stateme	ent identified above i	is terminated with respect to secu	rity interest(s) of the	Secured	Party authorizing this T	ermination Statemen
X CONTINUATION continued for the ad	: Effectiveness of the lditional period provide	e Financing Statemer ed by applicable law.	ent identified above	with respect to the security interes	st(s) of the Secured F	Party auth	orizing this Continuation	on Statement is
ASSIGNMENT (f	ull or partial): Give	name of assignee	in item 7a or 7b a	and address of assignee in 7d	; and also give na	me of a	ssignor in item 9.	
CHANGE name and	e following three boad/or address: Give curringe) in item 7a or 7b ar	xes and provide a rent record name in ite	appropriate informents of the contract of the	nation in items 6 and/or 7. ive new DELETE name	: Give record name	A	two boxes. DD name: Complete ite em 7c; also complete it	
6a. ORGANIZATION'S N JJ&D,INC	NAME							
6b. INDIVIDUAL'S LAST	NAME	****		FIRST NAME	M	IDDLE N	AME	SUFFIX
CHANGED (NEW) OR 7a. ORGANIZATION'S N		ATION:					· · · · · · · · · · · · · · · · · · ·	
7b. INDIVIDUAL'S LAST	NAME	 , - , -		FIRST NAME	M	DDLE N	AME	SUFFIX
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	(CITY	ST	ATE	POSTAL CODE	COUNTRY
MAILING ADDRESS					ŀ			
	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORG	GANIZATION	7f. JURISDICTION OF ORGANIZ	ATION 7g	ORGAN	IZATIONAL ID#, if any	y NONI
SEE INSTRUCTION AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only o <u>ne</u>	box.	<u> </u>		ORGAN	IZATIONAL ID #, if any	
SEE INSTRUCTION AMENDMENT (COLLA	ORGANIZATION DEBTOR ATERAL CHANGE): check only o <u>ne</u>	box.	of JURISDICTION OF ORGANIZ		ORGAN	IIZATIONAL ID#, if any	
SEE INSTRUCTION AMENDMENT (COLLA Describe collateral	ORGANIZATION DEBTOR ATERAL CHANGE deleted or added PARTY OF RECOR ne authorizing Debtor, of the number of the nu	D AUTHORIZING or if this is a Terminat	THIS AMENDME	<u> </u>	eral assigned.	s is an A	mendment authorized t	NON
NAME OF SECURED F	ORGANIZATION DEBTOR ATERAL CHANGE deleted or added PARTY OF RECOR ne authorizing Debtor, of NAME NAME NAME NAME NATIONAL A	D AUTHORIZING or if this is a Terminat	THIS AMENDME	I description, or describe colla	teral assigned.	s is an A	mendment authorized to	NON

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9a. ORGANIZATION'S NAME WACHOVIA BANK, NATIONAL ASSOCIA	DN			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

21121208 Debtor Name: JJ&D,INC 05/6140434681/26 803 01014/01201

FO	C FINANCING STATEME LLOW INSTRUCTIONS (front an	NT AMENDMEN d back) CAREFULLY	IT ADDENDUM	
11.	INITIAL FINANCING STATEMENT FI	LE # (same as item 1a on Amen	dment form)	
200	050318000124830 03/18/05	CC AL Shelby		
12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME WACHOVIA BANK, NATIONAL ASSOCIATION				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13.	Use this space for additional inform	ation		

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__ Description: SEE ORIGINAL UCC EXHIBIT- A