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UCC	FINANCING	STATEMENT	AMENDMENT
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TOLLOW INTO TROUTONO (HORR BIND BOOK) CARL	OLL I
A. NAME & PHONE OF CONTACT AT FILER [optional]	
Phone (800) 331-328	32 Fax (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	16915 US BANK PORTLA
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CT Lien Solutions	22312458
P.O. Box 29071	
Glendale, CA 91209-9071	ALAL
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The individual's Last NAME	<u> </u>				<b>기</b>		
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ASSIGNMENT (full or partial): Give name of assigner in item 7e or 7b and address of assignee in 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects	X TERMINATION:	Effectiveness of t	he Financing Statement ide	entified above is terminated v	vith respect to security interes	t(s) of the Secured Party authorizing	g this Termination Statemen
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Also check are of the following three boxes and, provide appropriate information in items 6 and/or 7.  CI-NANGE nome and/or address; Government feets of 60 and one were the continuence of the continuence		· · · · · · · · · · · · · · · · · · ·			of assignee in 7c; and als	o give name of assignor in item	9.
CHANGE name and/or address. Give current record name in hem 50 or 50, also give new name (1 mane change) in term 7a or 7b and observed water name (1 mane change) in term 7a or 7b and observed name (1 mane change) in term 7a or 8b.    CHANGE INTERIOR NAME		•		<b></b>		only one of these two boxes.	
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The importance of the post of the second authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	7a. ORGANIZATION'S	NAME					
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11.	INITIAL FINANCING STATEMENT FI	LE # (same as item 1a on Amer	idment form)
200	060217000077310 02/17/05	CC AL Shelby	
12. I	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	endment form)
	12a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION	ON	
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