

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER [optional]**  
 Scott Warner  
 916-564-7800

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**  
 CL@S INFORMATION SERVICES  
 2020 HURLEY WAY STE 350  
 SACRAMENTO, CA 95825  
 USA

DOCUMENT NUMBER: XXXXXXXX  
 FILING NUMBER: XXXXXXXX  
 FILING DATE: 02/16/2006 17:18  
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**1a. INITIAL FINANCING STATEMENT FILE #**

**1b.**  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

**2.**  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.

**3.**  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

**4.**  **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

**5. AMENDMENT (PARTY INFORMATION):** This Amendment affects  Debtor or  Secured Party of record. Check only one of these. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing 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 7b, and also item 7c

**6. CURRENT RECORD INFORMATION:**

**6a. ORGANIZATION'S NAME**

OR

<b>6b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
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**7. CHANGED (NEW) OR ADDED INFORMATION:**

**7a. ORGANIZATION'S NAME**  
 XXXXXXXXXXXXXXXXXXXXXXXX

OR

<b>7b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
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**7c. MAILING ADDRESS**  
 XXXXXXXXXXXXXXXXXXXXXXXX

<b>CITY</b> XXXXXXXXXX	<b>STATE</b> XX	<b>POSTAL CODE</b> XXXXXX	<b>COUNTRY</b> XXX
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<b>7d. SEE INSTRUCTIONS</b>	<b>ADD'L DEBTOR INFO</b>	<b>7e. TYPE OF ORGANIZATION</b>	<b>7f. JURISDICTION OF ORGANIZATION</b>	<b>7g. ORGANIZATIONAL ID#, if any</b> <input type="checkbox"/> NONE
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**8. AMENDMENT (COLLATERAL CHANGE):** check only one box.  
 Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

Full Assignment

**9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this amendment.

**a. ORGANIZATION'S NAME**

OR

<b>b. INDIVIDUAL'S LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
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**10. OPTIONAL FILER REFERENCE DATA**  
 XXXXXXXXXXXXXXXXXXXXXXXX