

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
 clasdm 9165647800

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CLAS INFORMATION SERVICES  
 2020 HURLEY WAY STE. 350  
 SACRAMENTO CA 95825

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 08:03 PM 10/17/2006  
 INITIAL FILING NUM: XXXXXXXX  
 AMENDMENT NUMBER: XXXXXXXX  
 SRV: XXXXXXXX

1a. INITIAL FINANCING STATEMENT FILE #  
 XXXXXXXXXXXXXXXXXXXX

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 Statement.

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 two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
XXXXXXXXXXXXXXXXXX	XXXXXXX		

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX		

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
XXXXXXXXXXXXXXXXXXXX	XXXXXXX	XX	XXXXXX	XXX

7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT  
 XXXXXXXXXXXXXXXXXXXX

10. OPTIONAL FILER REFERENCE DATA  
 XXXXXXXXXXXXXXXXXXXX