NAME & P	INANCING STATEMENT NSTRUCTIONS (front and back) CA					
NAME & P	NANCING STATEMEN INSTRUCTIONS (front and back) CA					
		REFULLY				
SEND ACK	PHONE OF CONTACT AT FILER [optional] Phone (800) 331	-3282 Fax (818) 662-4	4141			
	KNOWLEDGEMENT TO: {Name and Mailing Add	dress) 11217 NETBANK BUS	SINE			
						
U	CC Direct Services	10116434				
	.O. Box 29071	RIRI				
Gl	lendale, CA 91209-9071	EXIE				
	_		THE ABOV	E SPACE IS	FOR FILING OFFICE USE	ONLY
	FINANCING STATEMENT FILE # 15-APR-2002 SS RI			to be	FINANCING STATEMENT A e filed [for record] (or recorded L ESTATE RECORDS.	
TER	MINATION: Effectiveness of the Financing	Statement identified above is termina	ated with respect to security interest(s) of t			ation Statement.
X CON			ect to the security interest(s) of the Secure	d Party auti	norizing this Continuation Stat	lement is
			race of accionse in 70, and also state	name of o	ssignor in item 0	
	IGNMENT (full or partial): Give name of as IENT (PARTY INFORMATION): This Amer		Secured Party of record. Check only or			
Also che	eck one of the following three boxes and p	rovide appropriate information in	items 6 and/or 7. DELETE name: Give record name	ne 🦳 🖊	ADD name: Complete item 7a	or 7b. and also
name	e (if name change) in item 7a or 7b and/or new ac				tem 7c; also complete items 7	
6a. ORGA	T RECORD INFORMATION: ANIZATION'S NAME					
, l	SSIC ENTERPRISE INC			·		SUFFIX
Gb. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME	
CHANGE	D (NEW) OR ADDED INFORMATION:					<u> </u>
	ANIZATION'S NAME					
R 75 1MD0/	/IDUAL'S LAST NAME	FIRST N	AMC	MIDDLE N	AME	SUFFIX
70. INDIVIDUAL 3 CAST NAME		7 17 (1)	FIRST HAME		WIDDLE WANGE	
. MAILING A	ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION		OF ORGANIZATION 7f. JURIS	7f. JURISDICTION OF ORGANIZATION		7g, ORGANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR				·	NONE
AMENDM	ENT (COLLATERAL CHANGE): check o	nly o <u>ne</u> box.		J		