	CONTACT AT FILER [optional]	<u></u>			
END ACKNOWLE	OGMENT TO: (Name and Address) (	DZS COZS			
1133 Ave Suite 3	NY 10036				
L	728945-31	THE ABOVE SF	ACE IS FOR	R FILING OFFICE USE	ONLY
INITIAL FINANCING S	TATEMENT FILE # 06/24/1998 B: P:		to be	FINANCING STATEMENT e filed [for record] (or record L ESTATE RECORDS.	ded) in the
TERMINIATION:	Effectionness of the Financing Statement identified above	e is terminated with respect to security interest(s) of the	e Secured Par	ty authorizing this Terminati	on Statement.
CONTINUATION	1. Effectiveness of the Financing Statement identified al	bove with respect to security interest(s) of the Secure	ed Party autho	rizing this Continuation Sta	atement is
continued for the a	dditional period provided by applicable law.				<del>.</del>
	full or partial): Give name of assignee in item 7a or 7b an		or assignor in	two boxes	
AMENDMENT (PA		Debtor or Secured Party of record. Check only			
Also check one of the t	ollowing three boxes <u>and</u> provide appropriate information i Noraddress: Please refer to the detailed instructions	[-1] DELETE name: Give record name	ADDr	name: Complete item 7a or 7b omplete items 7e-7g (if applic	o, and also item i able).
in regards to chang	ng the name/address of a party.	to be deleted in item 6a or 6b.	aisoc	omplete items / e-/ g (itapping	, delie,
CURRENT RECORD					
6a. ORGANIZATION	SNAME			<u> </u>	
6b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
CHANGED (NEW) (	R ADDED INFORMATION:				
7a. ORGANIZATIO					
The Bank of Nova Scotia		FIRST NAME	MIDDLE	NAME	SUFFIX
75 INDIVIDUAL'S	AST NAME	FIRST NAME	111111111111111111111111111111111111111		
		СПУ	STATE	POSTAL CODE	COUNT
MAILING ADDRESS		New York	NY	10006	USA
			7g. OR	GANIZATIONAL ID #, if any	у
	ADD'L INFO RE TIPE OF ORGANIZATION				
	ORGANIZATION				
SEEINSTRUCTIONS	DEBTOR				
SEEINSTRUCTIONS	DEBTOR CHANGE): check only one box	eteral description, or describe collateral assign	ed.		
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AMENDMENT (C	DEBTOR  DLATERAL CHANGE): check only one box.  deleted or added, or give entire restated coll				
AMENDMENT (CO	DEBTOR  DLLATERAL CHANGE): check only one box.  deleted or added, or give entire restated coll  b. Refining Corporation  RED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is an Assig	gnment). If this	s is an Amendment authoriz	ted by a Debtor
AMENDMENT (CO	DEBTOR  DLLATERAL CHANGE): check only <u>one</u> box.  deleted or added, or give entire restated coll	AMENDMENT (name of assignor, if this is an Assig	gnment). If this	s is an Amendment authoriz thorizing this Amendment	ted by a Debtor
Debtor: Gei  NAME OF SECU adds collateral or ad  9a. ORGANIZATIO	DEBTOR  DLLATERAL CHANGE): check only one box.  deleted or added, or give entire restated coll  b Refining Corporation  RED PARTY OF RECORD AUTHORIZING THIS did the authorizing Debtor, or if this is a Termination authority in the content of the c	AMENDMENT (name of assignor, if this is an Assig	gnment). If this	s is an Amendment authoriz thorizing this Amendment	ted by a Debtor
Debtor: Gei  NAME OF SECU adds collateral or ad  9a. ORGANIZATIO	DEBTOR  DLLATERAL CHANGE): check only one box.  deleted or added, or give entire restated coll  by Refining Corporation  RED PARTY of RECORD AUTHORIZING THIS did the authorizing Debtor, or if this is a Termination authority SNAME  cious Metals Inc.	AMENDMENT (name of assignor, if this is an Assig	gnment). If this DEBTOR au	s is an Amendment authoriz thorizing this Amendment LE NAME	ed by a Debtor

RI-Secretary Of State