÷	7 A.							
				. :				
_								
Ū	CC FINANCING STATEMENT AMENDME	NT						
	PLLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]		1					
Α.		8) 662-4141						
╠	OCHE ADMINISTRATION AND ALL THE STATE OF THE	· ·						
<u>ا</u> .	SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 16433 BANK	OF AMERIC						
	UCC Direct Services 103045	75 '						
	P.O. Box 29071	. •						
	DIDI							
	Glendale, CA 91209-9071							
		- 1		٠.				
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
1a.	INITIAL FINANCING STATEMENT FILE #				his FINANCING STATEMENT			
	010162 23-MAY-2002 SS RI			F	be filed (for record) (or records REAL, ESTATE RECORDS.	a) in the	!	
2.	TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with	respect to security interest(s) of the	ne Secur	ed Party authorizing this Termin	ation St	atement.	
3.	X CONTINUATION: Effectiveness of the Financing Statement identified above							
	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 7c; and also give	name o	f assignor in item 9.			
5. <i>A</i>	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 infor CHANGE name and/or address: Give current record name in item 6a or 6b; also	mation in items			ADD C	71		
	name (if name change) in item 7a or 7b and/or new address (if address change)		DELETE name: Give record name to be deleted in item 6a or 6b.		ADD name: Complete item 7a item 7c; also complete items ?			
6. C	CURRENT RECORD INFORMATION:							
6a. ORGANIZATION'S NAME SPELMAN ENTERPRISES LLC								
R								
	6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		FIX	
7. CHANGED (NEW) OR ADDED INFORMATION:								
	7a. ORGANIZATION'S NAME							
OR								
	7b. INDIVIDUAL'S LAST NAMÉ 	FIRST NAME		MIDDLE NAME SUFF		FIX		
7c. I	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COU	NTRY	
7d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7- 000 1171 70111 40 4				
				7g, ORGANIZATIONAL ID #, if any			_	
	DEBTOR						NONE	
	MENDMENT (COLLATERAL CHANGE): check only one box.		<u></u>					
	Describe collateral deleted or added, or give entire restated collate	ral description, o	r describe collateral assigned	1.				
	•							
				•				
					<u></u>			
. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDA	MENT (name of as	ssignor, if this is an Assignment). If			Jebtor w	hich	
	adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 9a. ORGANIZATION'S NAME	a Debtor, check h	ere and enter name of DEBTO	OR autho	rizing this Amendment.			
	BANK OF AMERICA, N.A., SUCCESSOR BY MERGER TO FI	TO FLEET NATIONAL BANK						
R	9b. INDIVIDUAL'S LAST NAME			MIDDLE NAME		SUFFIX		
		I INOT HAME		MIICULE	NAME	3011	'IA'	
	OPTIONAL FILER REFERENCE DATA	7.00010===	44.40/700 1/0/107					
U.	304575 Debtor Name: SPELMAN ENTERPRISES LLC 2	:7-00013563	44 18/793 KSJ SB NE	: 035	VU65077			