Ξ								
Ji	CC FINANC	ING STATE	MENT AMEN	OMENT				
			back) CAREFULLY					
<b>4</b> . I	NAME & PHONE OF CO	• •	=	/010\ CCO 4141				
_				x (818) 662-4141				
3. 3	SEND ACKNOWLEDGE	MENT TO: (Name and	d Mailing Address) 711861	KEYSTONE EQUI				
	UCC Direct	Services	103	05760				
	P.O. Box 29	9071						
	Glendale, C	CA 91209-9071	RIR	.]				
	i			1				
	<u> </u>				THE AROV	E SPACE IS	FOR FILING OFFICE USE	ONLY
	INITIAL FINANCING	STATEMENT FILE	#		THE ADOV		FINANCING STATEMENT	
	200502437380					to be	filed [for record] (or records ESTATE RECORDS.	ed) in the
_	X TERMINATION:	Effectiveness of the	e Financing Statement identifi	ed above is terminated with respect to	security interest(s) of the			nation Statement.
	CONTINUATION	: Effectiveness of the	e Financing Statement identifi	ed above with respect to the security in				
	continued for the ad	dditional period provided	d by applicable law.					
·	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.							
	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.							
	Also check <u>one</u> of the following three boxes <u>and</u> 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 DELETE name: Give record name DELETE name: Complete item 7a or 7b, and also							
_	In name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b. item 7c; also complete items 7d-7g (if applicable CURRENT RECORD INFORMATION:							
	6a. ORGANIZATION'S	NAME						
,	JSW Transport	., Inc.						
₹	6b. INDIVIDUAL'S LAST	T NAME		FIRST NAME		MIDDLE NA	ME	SUFFIX
	CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME							
	78. ORGANIZATION S	NAME						
R	R 75. INDIVIDUAL'S LAST NAME			FIRST NAME	T NAME MIDDLE		NAME SUFFIX	
ļ								
- 1	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
;. N				ION 7f. JURISDICTION OF ORG	ANITATION	7 0000		
	SEE INSTRUCTION	1	TTT- TYPE OF OPCANIZAT		ANIZATION	/g. ORGAN	IZATIONAL 1D #, if any	
	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZAT	11. SONGDICTION OF ORC				
. §		ORGANIZATION DEBTOR		71. JUNISDICTION OF ORC				NONE
. <u>\$</u>	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.					NONE
Α	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.	d collateral description, or describe	collateral assigned	d.		NONE
1. <u>S</u>	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.		collateral assigned	d.		NONE
Α	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.		collateral assigned	<b>1</b> .		NONE
Α	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.		collateral assigned	d.		NONE
Α	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.		collateral assigned	d.		NONE
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1. <u>S</u>	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.		collateral assigned	d.		NONE
Α	MENDMENT (COLL	ORGANIZATION DEBTOR  ATERAL CHANGE)	): check only o <u>ne</u> box.		collateral assigned	d.		NONE
. A	MENDMENT (COLL)	ORGANIZATION DEBTOR  ATERAL CHANGE) deleted or addec	): check only one box. d, or give entire restated	d collateral description, or describe				
. A	MENDMENT (COLL) Describe collateral	ORGANIZATION DEBTOR  ATERAL CHANGE) deleted or addec	check only one box. d, or give entire restated	d collateral description, or describe	his is an Assignment). If	f this is an Ar	nendment authorized by a	
N.	MENDMENT (COLL) Describe collateral	ORGANIZATION DEBTOR  ATERAL CHANGE) deleted or addec	check only one box. d, or give entire restated	d collateral description, or describe	his is an Assignment). If	f this is an Ar	nendment authorized by a g this Amendment.	
d. §	AME OF SECURED I adds collateral or adds the second	ORGANIZATION DEBTOR  ATERAL CHANGE) deleted or addec	b): check only one box. d, or give entire restated  D AUTHORIZING THIS A or if this is a Termination author	d collateral description, or describe	his is an Assignment). If	f this is an Ar	nendment authorized by a ig this Amendment.	
d. §	AME OF SECURED I adds collateral or adds the second	ORGANIZATION DEBTOR  ATERAL CHANGE) deleted or added  PARTY OF RECORI he authorizing Debtor, of NAME ment Finance Cori	b): check only one box. d, or give entire restated  D AUTHORIZING THIS A or if this is a Termination author	d collateral description, or describe	his is an Assignment). If id enter name of DEBTC	f this is an Ar	g this Amendment.	