C FINANCING STATEMENT	AMENIDMENT	•		
LOW INSTRUCTIONS (front and back) CARE	EFULLY	<u>. </u>		
NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3	3282 Fax (818) 662-4	141		
SEND ACKNOWLEDGEMENT TO: (Name and Mailing Addre	ss) 9201 UPS CAPITAL E	BUS		
UCC Direct Services	10479564			
P.O. Box 29071	RIRI			
Glendale, CA 91209-9071				
		THE ABOY	E SPACE IS FOR FILING OFFI	CE USE ONLY
INITIAL FINANCING STATEMENT FILE # 8494 04-APR-2002 SS RI			1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	r recorded) in the
TERMINATION: Effectiveness of the Financing Sta	atement identified above is termina	ted with respect to security interest(s) of	·	
X CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		ect to the security interest(s) of the Secur	ed Party authorizing this Continue	ation Statement is
ASSIGNMENT (full or partial): Give name of assignment				
AMENDMENT (PARTY INFORMATION): This Amendr Also check one of the following three boxes and prov		Secured Party of record. Check only of items 6 and/or 7.		
CHANGE name and/or address: Give current record name name (if name change) in item 7a or 7b and/or new address	ne in item 6a or 6b; also give new	DELETE name: Give record na to be deleted in item 6a or 6b.		e item 7a or 7b. and also le items 7d-7g (if applicable)
CURRENT RECORD INFORMATION:	-	1-to		
DAMIAN ASSOCIATES, L.L.C.				
6b. INDIVIDUAL'S LAST NAME	FIRST N	AME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
	FIRST N	AME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME		AME		
7b. INDIVIDUAL'S LAST NAME	FIRST NA	AME	STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE 7e. TYPE O	CITY	AME DICTION OF ORGANIZATION		COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	CITY F ORGANIZATION 7f. JURIS		STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only	CITY FORGANIZATION 7f. JURIS TO One box.		STATE POSTAL CODE 79. ORGANIZATIONAL ID #, if	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only	CITY FORGANIZATION 7f. JURIS TO One box.	EDICTION OF ORGANIZATION	STATE POSTAL CODE 79. ORGANIZATIONAL ID #, if	COUNTRY
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The individual's last name Mailing address SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only deleted or added, or give entertain added, or give entertain adds the authorizing Debtor, or if this is a Teads so and the authorizing Debtor.	CITY FORGANIZATION 7f, JURIS y one box. circ restated collateral descriptions ZING THIS AMENDMENT (na	DICTION OF ORGANIZATION otion, or describe collateral assign assign me of assignor, if this is an Assignment).	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if ed. If this is an Amendment authoriz	COUNTRY any NONE