CC EINANCI	NG STATEM	IENT AMENDMEN	ıT		
DLLOW INSTRUCTION			4.1		
. NAME & PHONE OF					
. SEND ACKNOWLE	DGMENT TO: (No.	me and Address			
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	Plan	Ac return to:	1		
	CT CORP	ORATION SYSTEM Lisa Danials			
,	ALLA: T. C. W.a.l.	Street/Suite 110	00		
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1	Q.		4		
			THE ABOVE	SPACE IS FOR FILING OFFIC	
. INITIAL FINANCING ST 200503025360 - 1				1b. This FINANCING STAT to be filed [for record] (a	or recorded) in the
		inancing Statement identified above i	s terminated with respect to security interest(s) of	REAL ESTATE RECOR	RDS.
CONTINUATION	: Effectiveness of the	e Financing Statement identified abo	we with respect to security interest(s) of the Sec		
continued for the ad	ditional period provid	led by applicable law.	The Will Temport to country interceptor of the Coun		
			eddress of assignee in Item 7c; and also give nam	e of assignor in item 9.	
			btor or Secured Party of record. Check on	ly <u>one</u> of these two boxes.	
CHANGE name and/o	oraddress: Piease refer	nd provide appropriate information in into the detailed instructions	terns 6 and/or 7. DELETE name: Give record name	☐ ADD name: Complete item	7a or 7b, and also item 7c
in regards to changing CURRENT RECORD	othe name/address of a	a party.	to be deleted in item Sa or 6b.	ADD name: Complete item elso complete items 79-7g (ifapplicable).
6a, ORGANIZATION'S				<u> </u>	
Fine Line Gra	phics, Inc.				
66. INDIVIDUAL'S LA	ST NAME		FIRSTNAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR	ADDED INFORMA	TION		<u></u>	
		TION.			
7a. ORGANIZATION'S					
7a. ORGANIZATION'S					
7a. ORGANIZATION'S	ST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S	STNAME				
7a. ORGANIZATION'S	ST NAME		FIRST NAME	MIDDLE NAME STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS	ADD'L INFO RE	7s. TYPE OF ORGANIZATION			COUNTRY
7a. ORĞANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS			спу	STATE POSTAL CODE	if any
7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS MENDMENT (COLL	ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGI	E): check only one box.	CITY 71. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE	if any
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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and ba 11. INITIAL FINANCING STATEMENT 200503025360 - 12/5/2005	ick) CAREFULLY		
12. NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME OR Medallion Business Credi 12b. INDIVIDUAL'S LAST NAME	it, LLC		
13. Use this space for additional information	FIRST NAME	MIDDLE NAME, SUPPIX	
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Additional Secured Parties Authorizing This Amendment:

Medallion Bank