UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTORS (from and basic CABEFLLY) IN AMES PROCES OF CONTACT AT FILER (priorial) Dilligenz, inc. SEND ACRISON/LEDOMENT TO, (hisms and Address) [748897235 Prepared By: Dilligenz, inc. SEND HATDOUR Heights Pkwy, Suite 400 Mukilteo, WA 98275 Image: Manage of the Send			i					
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S. SEND ACKNOWLEDOWN TO: (Name and Audress) 24897235 Prepared By: Diligenz, Inc SSOU Harbour Heights Pkwy, Suite 400 Mukiteo, WA 98275	A. NAME & PHONE C	F CONTACT AT FILER [op						
Prepared By: Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukitteo, WA 98275 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The SPANKICING STATEMENT FILE# DIRIGH STATEMENT FILE# The SPANKICING STATEMENT MERINARY DIRIGH STATEMENT FILE# DIRIGH STATEMENT FILE# STATEMENT MERINARY DIRIGH STATEMENT STATEMENT MERINARY DIRIGH STATEMENT STATEMENT MERINARY DIRIGH STATEMENT MERINARY			Address)					
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6500 Harbour Heights Pkwy, Suite 400 Mukliteo, WA 98275				1				
THE ABOVE SPACE IS FOR FILMS OFFICE USE ONLY. 19. INITIAL RINANDMS STATEMENT FILE # OB065 3/25/2002	6500 Hai	bour Heights Pkwy	, Suite 400					
10. This FINANCINS STATEMENT FILE # 008065 3/25/2002 11. TERMINATION: Enectweens of the Financing Statement identified above is terminated with respect to security interest(s) of the Secures Party authorizing this Termination Statement Confluence for the additional period provided by applicable isw. 4. ASSIGNMENT (full or partial). Give name of sessigne in item 7s or 7b and address of assignee in item 7s; and also give name of assignor in item 9. 5. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor or Secured Party or record. Check only gag of these two boxes. Ass Check aga of the following these boxes aga provide accomplisate from the following these two boxes. Ass Check aga of the following these boxes aga provide accomplisate information in items 6 and/or. Charles of the following these boxes aga provide accomplisate information in items 6 and/or. Charles of the following these boxes aga provide accomplisate information in items 6 and/or. Charles of the following these boxes aga provide accomplisate information in items 6 and/or. Charles of the following these boxes aga provide accomplisate information in items 6 and/or. Charles of the following these boxes aga provide accomplisate information in items 6 and/or. Charles of the following these developed accomplisate information in items 6 and/or. Charles of the following these developed accomplisations of accomplisation of the developed accomplisation of the accomplisation of the developed accomplisation of the developed accomplisation of the deve	L	File	d In: Rhode Island	(S.O.S <u>.)</u>	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
2. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 2. ONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional periodic by supplicable law. 4. ASSIGNMENT (full or partial): Give name of sesignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment effects is Debtor of Secured Party of record. Check only gag of these two boxes. Also check god the following this boxes and provided appropriate information in item 8 and to 7. CHANGS amenactic address: Please refer chine detailed instructions GELETS earner. Give record name ADDiname: Complete item 7a or 7b, and also from 7c in repeated schemangth anamages and party. 6. CURRENT RECORD INFORMATION: 18a DRGANAZATIONS NAME FIRST NAME SUFFIX. 7c. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX. 7c. MALING ADDRESS CITY STATE POSTAL CODE COUNTRY 7d. SEEINSTRUCTIONS ADDIL INFORE 7c. TYPE OF ORGANIZATION 7t. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID 8; if any ORGANIZATION ORGANI						1b. This	FINANCING STATEMENT	AMENDMENT is
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CHANGE name and/or address. Please refer to the detailed instructions DELETE name: Give record name ADD name: Complete Item? acr? a end also item? 6. CURRENT RECORD INFORMATION: COR	5. AMENDMENT (PA	RTY INFORMATION): This	s Amendment affects De	btor or Secured Part				
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