		EMENT AMEN back) CAREFULLY	IDME	NT					
A. NAME & PHONE OF C		-	ax (818	8) 662-4141					
3. SEND ACKNOWLEDGE	EMENT TO: (Name an	d Mailing Address) 1643	3 BANK	OF AMERIC				•	
UCC Direc	UCC Direct Services 105899- P.O. Box 29071 Glendale, CA 91209-9071 RIRI			43					
· L_					THE AS	OVE SDACE	IS EAR EILING OFFIG	TE HOE ONLY	
668877 18-JUL-1997 SS RI					·	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION:					respect to security interest(s)	of the Secure	d Party authorizing this	Termination Stater	ment.
X CONTINUATION continued for the a	<ul> <li>Effectiveness of the dditional period provide</li> </ul>	e Financing Statement iden ed by applicable law.	tified above	e with respect to the	security interest(s) of the Se	cured Party au	thorizing this Continual	tion Statement is	
				and address of	assignee in 7c; and also g	ive name of	assignor in item 9.		_
Also check one of th	e following three bo	This Amendment affect xes and provide appropent record name in item 6a	riate infor	mation in items 6					
name (if name cha	nge) in item 7a or 7b ar	nd/or new address (if addres			DELETE name: Give record to be deleted in item 6a or 6		ADD name: Complete item 7c; also complete		
6a. ORGANIZATION'S APPONAUG H	NAME		-		***************************************				
6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME			
CHANGED (NEW) OF		ATION:			· · · · · · · · · · · · · · · · · · ·				
ra. ortorita	INAME								
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX		
MAILING ADDRESS			CITY	· · · · · · · · · · · · · · · · · · ·		POSTAL CODE	COUNTR	₹Y	
. SEE INSTRUCTION	ORGANIZATION		7f. JURISDICTION	OF ORGANIZATION	ANIZATION 7g. ORGANIZATIONAL ID #,		· —		
AMENDMENT (COLL	DEBTOR  ATERAL CHANGE	): check only o <u>ne</u> box		•				. N	IONE
Describe collateral	deleted or added	d, or give entire restat	ted collater	ral description, or	describe collateral assig	jned.			
	•	· ·							
		,							
MANE OF DECLINE	DADDV	D. ALITHIA CO.				··			
adds collateral or adds tr	ne authorizing Debtor, o	D AUTHORIZING THIS or if this is a Termination au	AMENDM thorized by	MENT (name of ass a Debtor, check he	ignor, if this is an Assignmen re and enter name of DE	i). If this is an a	Amendment authorized zing this Amendment.	I by a Debtor which	I
9a. ORGANIZATION'S	NAME	D AUTHORIZING THIS or if this is a Termination aud	thorized by	a Debtor, check he	re and enter name of DE	t). If this is an a	Amendment authorized ing this Amendment.	I by a Debtor which	1
9a. ORGANIZATION'S	NAME RICA, N.A., SUCC	or if this is a Termination au	R TO FL	a Debtor, check he	re and enter name of DE	i). If this is an a BTOR authoriz	zing this Amendment.	by a Debtor which	<u> </u>