C	C FINANCII	NG STATE	MENT AM	ENDME!	NT					
	AME & PHONE OF CON	ITACT AT FILER [option) 662-4141					
. S	END ACKNOWLEDGEM	ENT TO: (Name and	Mailing Address) 1	8393 BANK (OF AMERIC					
	UCC Direct	Services		1066046	66 T					
	P.O. Box 29	071 A 91209-9071		RIRI						
	l	A 91203-3071		FIXTUR	E					
	L					THE ABOVI		FOR FILING OFFICE		
	NITIAL FINANCING		#				to be	FINANCING STATEME filed [for record] (or rec L ESTATE RECORDS		
T	TERMINATION:	Effectiveness of the	Financing Statemer	nt identified above	is terminated with resp	ect to security interest(s) of the	ne Secured	Party authorizing this Te	mination Sta	atement.
	CONTINUATION: continued for the add	Effectiveness of the ditional period provided		it identified above	with respect to the seci	rrity interest(s) of the Secure	d Party auth	orizing this Continuation	i Statement is	5
Ī	ASSIGNMENT (fu	ıll or partial): Give n	ame of assignee i	n item 7a or 7b		nee in 7c; and also give				
	MENDMENT (PART) Also check one of the				- -	arty of record. Check only <u>or</u> Vor 7.				
ĺ	CHANGE name and	or address: Give curre ge) in item 7a or 7b and	ent record name in ite	em 6a or 6b; also (give newDEI	ETE name: Give record name e deleted in item 6a or 6b.		DD name: Complete ite em 7c; also complete ite		
	URRENT RECORD II 6a. ORGANIZATION'S N									
	PICERNE INVE		PORATION							
6b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE NAME		SUFF	₹IX	
OLIVATED OF ADDED INFORMATION.					l					
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME										
	7b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE N	AME	SUFF	FIX
	, d. man boar a bio									
. N	IAILING ADDRESS				CITY		STATE	POSTAL CODE	cou	INTRY
. <u>S</u>	EE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORG	BANIZATION	7f. JURISDICTION OF	ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	, 	NONE
	MENDMENT (COLL)	TERAL CHANGE								
C	escribe collateral (deleted or added	d, or give entire	restated collate	ral description, or des	cribe collateral assigne	a.			
		-								
	AME OF SECURED I	PARTY OF RECOR	D AUTHORIZING	THIS AMENDI	MENT (name of assign y a Debtor, check here	or, if this is an Assignment).] and enter name of DEB1	If this is an OR authori	Amendment authorized zing this Amendment.	by a Debtor v	which
N.	9a. ORGANIZATION'S	NAME					• •	·		
N.	Donk of A									
N.	Bank of America				FIRST NAME		MIDDLE	LAME	SUF	FIX

UC FOI	C FINANCING STATEME	NT AMENDMEN d back) CAREFULLY	IT ADDENDUM						
11.	INITIAL FINANCING STATEMENT FIL	LE # (same as item 1a on Amen	dment form)						
670	0819 10-SEP-1997 SS RI								
/12. N	NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as Item 9 on Ame	endment form)						
	12a. ORGANIZATION'S NAME Bank of America N.A.								
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX						
13	Use this space for additional inform	nation							

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: SEE EXHIBITS A & B