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ICC FINANCING STATEMENT AMENDI	MENT						
OLLOW INSTRUCTIONS (front and back) CAREFULLY							
. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax	(818) 662-4141						
	ASTERN BANK -						
_	\neg						
UCC Direct Services 1107	2003 '	4.					
P.O. Box 29071							
Glendale, CA 91209-9071 RIRI							
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. INITIAL FINANCING STATEMENT FILE #		THE ABOVE	121	S FOR FILING OFFICE USE		er's er :_	
12781 14-AUG-2002 SS RI			to b	S FINANCING STATEMENT e filed (for record) (or record AL ESTATE RECORDS.	ed) in the	TEN I IS	
TERMINATION: Effectiveness of the Financing Statement identified				 			
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to the seco	urity interest(s) of the Secured	d Party auti	horizing this Continuation Sta	atement is	3	
ASSIGNMENT (full or partial): Give name of assignee in Item 7a	or 7b and address of assig	nee in 7c; and also give r	name of a	ssignor in item 9.			
AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate	<u>ب</u>	arty of record. Check only <u>on</u>	e of these	two boxes.			
CHANGE name and/or address: Give current record name in item 6a or 6t name (if name change) in item 7a or 7b and/or new address (if address change)	o; also give new DEL	ETE name: Give record nam e deleted in item 6a or 6b.		ADD name: Complete item 7 tem 7c; also complete items			
CURRENT RECORD INFORMATION:	-						
69. ORGANIZATION'S NAME SHEEHAN EDWARD J.							
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	TNAME		MIDDLE NAME		IX	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME							
	T						
75. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
MAILING ADDRESS	CITY	CITY		STATE POSTAL CODE		COUNTRY	
SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATIO	N 7f. JURISDICTION OF	7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any			
ORGANIZATION DEBTOR				NONI			
	ollateral description, or desc	ribe collateral assigned	l.				
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Describe collateral deleted or added, or give entire restated c	ENDMENT (name of assigno	r, if this is an Assignment). If	this is an A		Debtor wh	nich	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME	ENDMENT (name of assigno		this is an A		Debtor wh	nich	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Deblor, or if this is a Termination authorized.	ENDMENT (name of assigno	r, if this is an Assignment). If	this is an A	ing this Amendment.	Debtor wh		