	STATEMENT AMENDMEN	NT				
A NAME & PHONE OF UCC DEPARTN	NS (front and back) CAREFULLY CONTACT AT FILER [optional] AENT 1-888-427-8713 DGMENT TO: (Name and Address)					
JOHN DE 6400 NW 8 P.O. BOX	ERE CREDIT 86TH STREET					
L			SPACE IS FO	R FILING OFFICE USE	ONLY	
1a. INITIAL FINANCING ST. FILE NBR: 0141	ATEMENT FILE #		1b. Thi	s FINANCING STATEMENT be filed [for record] (or recor	AMENDMENT is	
2 TERMINATION: 8	Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of	he Secured Pa	AL ESTATE RECORDS. rty authorizing this Terminati	on Statement.	
3. 🖊 CONTINUATION:	Effectiveness of the Financing Statement identified about the period provided by applicable law.	ove with respect to security interest(s) of the Secu	red Party author	orizing this Continuation Sta	tement is	
4. ASSIGNMENT (full	If or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	of assignor in	item 9		
5. AMENDMENT (PART	TY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check onl			· · · · · · · · · · · · · · · · · · ·	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:		items 6 and/or 7 DELETE name Give record name to be deleted in item 6a or 6b.	ADD r also co	ADD name: Complete item 7a or 7b, and also item 7c. also complete items 7e-7g (if applicable).		
6a ORGANIZATION'S	NAME					
OR 66. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
BOUCHARD		BRIAN				
7. CHANGED (NEW) OR 7. 7a. ORGANIZATION'S						
)R						
7b. INDIVIDUAL'S LAST NAME G MAILING ADDRESS		FIRST NAME	MIDDLE	NAME	SUFFIX	
		CITY	SIAIE	POSTAL CODE	COUNTRY	
d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION					
	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID#, if any		
	ATERAL CHANGE): check only one box.				NON	
Describe collateral de	eleted or added, or give entire restated collatera	al description, or describe collateral assigne	d			
	PARTY OF RECORD AUTHORIZING THIS AME authorizing Debtor, or if this is a Termination authorized it	ENDMENT (name of assignor, if this is an Assignr by a Debtor, check here and enter name of DE	nent). If this is a	an Amendment authorized by zing this Amendment.	/ a Debtor which	
9a. ORGANIZATION'S N	IAME	ENDMENT (name of assignor, if this is an Assigni by a Debtor, check here and enter name of DE	nent). If this is BTOR author	an Amendment authorized by zing this Amendment.	/ a Debtor which	
	IAME	ENDMENT (name of assignor, if this is an Assignr by a Debtor, check here and enter name of DE	nent). If this is a BTOR authori	zing this Amendment.	y a Debtor which	