				
UCC FINANCING STATEMENT AMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	DMENT			
Diligenz, Inc. 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
27454035	\dashv			
Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 406 Mukilteo, WA 98275	0			
Filed In: Rhod	le Island (S.O.S.)			
1a INITIAL FINANCING STATEMENT FILE # 200704821950 4/6/2007	THE AS	BOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATEM	ENT AMENDMENT IS	
TERMINATION: Effectiveness of the Financing Statement identity	tified above is terminated with respect to security interes	to be filed [for record] (or REAL ESTATE RECORD:	s	
3. CONTINUATION: Effectiveness of the Financing Statement id				
continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7	on 7h and address of agricum in its 7 minutes			
AMENDMENT (PARTY INFORMATION): This Amendment aff		eck only <u>one</u> of these two boxes.		
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate inf CHANGE name and/or address: Please refer to the detailed instructions	formation in items 6 and/or 7.			
in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:	S DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if a	ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).	
6a. ORGANIZATION'S NAME		·		
WebBank R 66. INDIVIDUAL'S LAST NAME	TERROR MANE			
OD. HEDITIONE O ENGINEERS	FIRST NAME	MIDDLE NAME	SUFFIX	
. CHANGED (NEW) OR ADDED INFORMATION:		<u>- </u>	<u> </u>	
7a. ORGANIZATION'S NAME U.S. Bancorp Equipment Finance Group				
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
. MAILING ADDRESS 1550 E. American Blvd. Ste 450	Bloomington	STATE POSTAL CODE MN 55425	COUNTRY	
ADD'L INFO RE 7e, TYPE OF ORGANIZATION		· ·		
ORGANIZATION				
DEBTOR				
. AMENDMENT (COLLATERAL CHANGE): check only one box.	deal addressed description at the second	assigned.		
	ated collateral description, or describe collateral	· · · · · · · · · · · · · · · · · · ·		
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AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restarted and added, or give entire restarted.	THIS AMENDMENT (name of assignor, if this is an	Assimment). If this is an amendment authoris	zed by a Debtor which	
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire resta	THIS AMENDMENT (name of assignor, if this is an	Assimment). If this is an amendment authoris	zed by a Debtor which	
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restarted to the collateral deleted or added, or give entire restarted to the collateral deleted or added to the collateral or adds the authorizing Debtor, or if this is a Termination	THIS AMENDMENT (name of assignor, if this is an	Assimment). If this is an amendment authoris	zed by a Debtor which	