ICC FINANCING STATEMENTAM! DLLOW INSTRUCTIONS (front and back) CAREFULLY					
NAME & PHONE OF CONTACT AT FIT FR Innfigrali					
SEND ACKNOWLEDGMENT TO: (Name and Address	s)				
MONICA DAVID	7				
UNISEARCH INC					
1780 BARNES BLVD SW					
TUMWATER, WA 98512 US	;A				
I. INITIAL FINANCING STATEMENT FILE#		THE ABOVE SPA		R FILING OFFICE USE	
200502371080 5/	/27/2005		D to b	e filed (for record) (or recor LL ESTATE RECORDS.	ded) in the
TERMINATION: Effectiveness of the Financing Statemer					
CONTINUATION: Effectiveness of the Financing States continued for the additional period provided by applicable !	ment identified above with respect to seculaw.	rity interest(s) of the Secured	Party Eutho	rizing this Continuation Sta	atement is
ASSIGNMENT (full or partial): Give name of assignee in		em 7c; and also give hame of a	saignor in i	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment Also check one of the following three boxes and provide appropriate the control of the following three boxes and provide appropriate three boxes are three boxes and the control of th	السيا السية	arty of record. Check only oru	of these t	wo boxes.	
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address		.ETE name: Give record name e deleted in item 6a or 6b.	AD	D name: Complete item 7s n 7c; also complete items 7	or 7b, and also
CURRENT RECORD INFORMATION:	And advisess colorage in term 70.	e deleted in tem 68 of 66.	Re	n /c; also complete litems /	g-/g (it applicat
8a. ORGANIZATION'S NAME					•
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	AME	SUFFIX
GALVIN	BRIAN				
CHANGED (NEW) OR ADDED INFORMATION: 78. ORGANIZATIONS NAME	W				. ,
75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS	CITY	,	STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE 70. TYPE OF OR ORGANIZATION DESTOR	RGANIZATION 75, JURISDICTION C	FORGANIZATION	7g. ORGA	NIZATIONAL ID#, #any	No
AMENDMENT (COLLATERAL CHANGE): check only one	e box.				IINC
Describe collateral deleted or added, or give entire	restated collateral description, or descri	be collateral assigned.			
JAME OF SECURED PARTY OF RECORD AUTHOR	ZING THIS AMENDMENT (nation of a	sionor #*this is an Assirumenthia	If the less	Amarchaett utbehed b	- Dahlar vida
NAME OF SECURED PARTY OF RECORD AUTHOR! adds collateral or adds the authorizing Debtor, or if this is a Term	ZING THIS AMENDMENT (name of a lination authorized by a Debtor, check here	signor, if this is an Assignment)	. If this is a	in Amendment authorized by zing this Amendment.	y a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHOR! adds colleteral or adds the authorizing Dector, or if this is a Term Ba. ORGANIZATION'S NAME C!'T Small Business L	ination authorized by a Debtor, check here	signor, if this is an Assignment and enter name of DEBT	s e s el tit il . Nortius SC	in Amendment a uthorized by zing this Amendment	y a Debtor which
adds collegeral or adds the authorizing Debtur, or if this is a Term	ination authorized by a Debtor, check here	and enter name of DEST	. If this is a DR authori	zing this Amendment	y a Debtox which