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CC FINANCING STATEMENT			%.			
LLOW INSTRUCTIONS (front and back) CAF	REFULLY			÷		
NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-	-3282 Fax (818) 66	12-4141				
SEND ACKNOWLEDGEMENT TO: (Name and Malling Add		<del></del>	-			
SEND ACKNOWLEDGEMENT TO: (Name and Mailing Add	ress) 10011 BANK OF A	AMERIC				
UCC Direct Services	11989447			*		
P.O. Box 29071			-			
Glendale, CA 91209-9071	RIRI					·
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<u> </u>			THE ABOVE	SPACE IS FOR	FILING OFFICE U	ISE ONLY
INITIAL FINANCING STATEMENT FILE # 676976 24-FEB-1998 SS RI		<b>!</b>		to be filed [	ICING STATEMEN	
	Control of the state of the sta		:-(18-\ -61b-		ATE RECORDS.	
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continued for the additional period provided by applicab		·	,			
ASSIGNMENT (full or partial): Give name of ass	signee in item 7a or 7b and a	address of assignee in 7c; a	nd also give r	name of assigno	r in item 9.	
MENDMENT (PARTY INFORMATION): This Ameni	dment affects Debtor or	Secured Party of record	. Check only <u>on</u>	e of these two bo	xes.	:
Also check one of the following three boxes and promise CHANGE name and/or address: Give current record national name (if name change) in item 7a or 7b and/or new address:	eme in item 6a or 6b; also give n	ew DELETE name: G			me: Complete iten also complete iter	
URRENT RECORD INFORMATION:	aress (ir address change) in item	to be deleted in its	em da di do.	item re,	also complete itel	ils ru-ry (ii appiii
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