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Α.	DLLOW INSTRUCTIONS (front and back) CAREFUL NAME & PHONE OF CONTACT AT FILER (optional)							
R	Phone (800) 331-3282 SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 2	•) 662-4141					
υ.	SEND ASMOWLEDGEMENT TO: (Name and Maning Assiess)	?1371 BANK (OF AMERIC					
	l CT Lien Solutions	2424986	65 [']					
	P.O. Box 29071	RIRI						
	Glendale, CA 91209-9071							
				THE ABO	VE SPACE	IS FOR FILING OFFICE USE	ONLY	
	200503117740 30-DEC-2005 SS RI				∏ to	is FINANCING STATEMENT A be filed [for record] (or recorde EAL ESTATE RECORDS.		
	TERMINATION: Effectiveness of the Financing Statemen							
-	CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable law.	it identified above	with respect to the	security interest(s) of the Secu	red Party a	ithorizing this Continuation Sta	tement is	
	ASSIGNMENT (full or partial): Give name of assignee in	n item 7a or 7b	and address of a	issignee in 7c; and also giv	e name of	assignor in item 9.		
	AMENDMENT (PARTY INFORMATION): This Amendment at Also check one of the following three boxes and provide a			ed Party of record. Check only	one of the	e Iwo boxes.		
	CHANGE name and/or address: Give current record name in ite name (if name change) in item 7a or 7b and/or new address (if a	em 6a or 6b; also g	give new	DELETE name: Give record note be deleted in item 6a or 6b.	ame	ADD name: Complete item 7a item 7c; also complete items 7		
. 0	CURRENT RECORD INFORMATION:	address change) i	n item 70.	to be deleted in item by brob.		item 70, also complete items 7	d-7g (ii applic	
	6a. ORGANIZATION'S NAME OSJ of Coventry, LLC						•	
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAMÉ	I SUFFIX		
	GU. INDIVIDUAL S DAST NAME		FIRST NAME		MIDULE	IVAIVIE	SUFFIX	
	LANGED (NEW) OR ADDED INFORMATION:			ĺ		<u></u>		
	7a. ORGANIZATION'S NAME							
R								
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY		MIDDLE	MIDDLE NAME SUFFIX			
c I	MAILING ADDRESS			STATE	POSTAL CODE	COUNTRY		
	THE TOTAL OF				J.A.	TOOTAL CODE	COOMINI	
d.	ABBEINI OILE		7f. JURISDICTION OF ORGANIZATION		7g. ORG	7g. ORGANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR						NO	
	AMENDMENT (COLLATERAL CHANGE): check only one	-		a				
	Describe collateral deleted or added, or give entire	restated collater	ral description, or	describe collateral assign	ed.			
							Time 1	
	IAME OF SECURED BARTY OF DECORD AUTHORITIES	TUIC ANTENDS	AENIT		II M		Salar Prof	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Terminal						Debtor which	
	adds collateral or adds the authorizing Debtor, or if this is a Terminal 9a. ORGANIZATION'S NAME						Debtor which	
	adds collateral or adds the authorizing Debtor, or if this is a Terminal					rizing this Amendment.	Debtor which	