UCC FINANCING STATEMENT AM	ENDMENT				
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800		1			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	Filed In: Rhode Island (S.O.S.)	om			
C. SEND ACKNOWLEDGMENT TO: (Name and Address	ss) acscinio				
94165179 - 372200  Corporation Service Company 801 Adlai Stevenson Drive	CKSOU				
Springfield, IL 62703	Filed In: Rhode Island				
	(8.0. <u>3.)</u>	THE ABOVE 3F		R FILING OFFICE USE	
a. INITIAL FINANCING STATEMENT FILE NUMBER 200502385050 06/01/2005		1b.			
TERMINATION: Effectiveness of the Financing Statem Statement	nent identified above is terminated	with respect to the security inter	est(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and also	nee in item 7a or 7b, and address of indicate affected collateral in item	of Assignee in item 7c <u>and</u> name 8	of Assignor	r in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable.	tement identified above with respec		cured Party	authorizing this Continuati	on Statement is
PARTY INFORMATION CHANGE:	e law				<del></del>
Check one of these two boxes:	AND Check one of these three b	address: Complete ADD na	ime: Comple	ete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Part	item 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a or 7l	o, <u>and</u> item 7	c to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMEDEBTOR = JALAK			•		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assig     Ta. ORGANIZATION'S NAME	nment or Party Information Change - provide	only one name (7a or 7b) (use exact, full	name; do not or	mit, modify, or abbreviate any part o	f the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME	<u></u>				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four	r boxes; ADD coltateral	DELETE collateral	RESTATE o	covered collateral	ASSIGN collateral
Indicate collateral:					
9 NAME OF SECURED PARTY OF RECORD AUTHO	RIZING THIS AMENDMENT.	ornuide only one name (On as Oh)	Iname of A-	signor if this is an Angirona	nt)
If this is an Amendment authorized by a DEBTOR, check here	and provide name of authorizing	ng Debtor	(name of Ass	signor, if this is an Assignme	nt)
9a. ORGANIZATION'S NAME Citizens Bank, N.A.	and provide name of authorizing	ng Debtor	(name of Ass	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here	and provide name of authorizing	ng Debtor BS Citizens, N.A.		signor, if this is an Assignme	nt)