UCC FINANCING STATEMENT AMENDMEN	ıT 26	OFDED AT THE REQUEST DUMAN-9 AM 10: 09	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	EL MA	IREKA COUNTY. NEVADA I. REBALEATI, RECORDER FILE NO. FEES 4	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		FILE NO. FEES 2	100
7347226		1 1	U
Diligenz, Inc.	1 190	781 \ \	
6500 Harbour Heights Pkwy, Suite 400	~		\
Mukilteo, WA 98275			\
Filed in: Nevad	⊸		
1a. INITIAL FINANCING STATEMENT FILE # 170566 BK 321 PG 002 9/2/1998	THE ABOV	E SPACE IS FOR FILING OFFICE 1b. This FINANCING STATEN to be filed [for record] (or REAL ESTATE RECORD	MENT AMENDMENT is recorded) in the
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	is terminated with respect to security interest(s)		
CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law.	we with respect to security interest(s) of the S	ecured Party authorizing this Continuation	on Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give n	arne of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check one of the following three boxes and provide appropriate information in a	N N Z		-
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	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	or /b, and also item /c; oplicable)
CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME			
	\ \ (
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BURNHAM	ROBERT	0	
7. CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]			
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any
ORGANIZATION DEBTOR			_ No
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collateral	al description, or describe collateral assi	gned,	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of assignor, if this is an Ass	signment). If this is an Amendment autho	rized by a Debtor which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 1. OR AND	ENDMENT (name of assignor, if this is an Ass by a Debtor, check here and enter name o	signment). If this is an Amendment autho If DEBTOR authorizing this Amendment	rized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	ENDMENT (name of assignor, if this is an Ass by a Debtor, check here and enter name o	signment). If this is an Amendment author of DEBTOR authorizing this Amendment	rized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name o	f DEBTOR authorizing this Amendment	
9a. ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMAHA	ENDMENT (name of assignor, if this is an Ass by a Debtor, check here and enter name of FIRST NAME	signment). If this is an Amendment author DEBTOR authorizing this Amendment	rized by a Debtor which

FOL.	C FINANCING STATE! LOW INSTRUCTIONS (front and beautiful Financing Statement Fig. 2002)	k) CAREFULLY		
	170566 BK 321 PG 002 NAME OF PARTY AUTHORIZING T		item 9 on Amendment form)	\ \
	122. ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMAHA			\ \
OR		FIRST NAME	MIDDLE NAME, SUFFIX	\ \
13.	Use this space for additional informa	tion		
TH	E NW 1/4 OF SECTION 33, TO	WNSHIP 22 NORTH RA	NGE 54 FAST FUREKA CO	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
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