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	enz, Inc. 1-800-858	• • •		H.N	REKA GOUNTY, NE . REBALEATI, RECO ILE NO. — FE	ORDER / OT
B. SEND	ACKNOWLEDGMENT TO	: (Name and Address)		F	ILE NO. FE	E\$ 40
l	17926654			000		
l '	Prepared By:			203	520	\
	Diligenz, Inc.				\	\
	6500 Harbour Height	ts Pkwy. Suite 400				\
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ia INITIA	L FINANCING STATEMENT FIL	£#	THE	E ABOVE SPA	CE IS FOR FILING OFFICE 1b. This FINANCING STAT	EUSE ONLY EMENT AMENDMENT is
	04 BK 346 PGS 521-			The state of the s	to be filed [for record] (or recorded) in the
2. X TE	RMINATION: Effectiveness	of the Financing Statement identified above i	is terminated with respect to security in	nterest(s) of the S		THE THE PERSON NAMED IN COLUMN 1
		s of the Financing Statement identified abo	ove with respect to security interest(s)) of the Secured F	Party authorizing this Continua	ation Statement is
	tinued for the additional period	· · · · · · · · · · · · · · · · · · ·				
		Give name of assignee in item 7a or 7b and				
	•	ATION): This Amendment affects De oxes <u>and</u> provide appropriate information in	ebtor <u>or</u> Secured Party of record items 6 and/or 7.	i. Check only <u>on</u>	of these two boxes.	
□СН		ase refer to the detailed instructions	DELETE name: Give record na to be deleted in item 6a or 6b.	ame /	ADD name: Complete item also complete items 7e-7g	7a or 7b, and also item 7c; (if applicable)
	ENT RECORD INFORMATIC			/ /		a spendadora,
6a. C	DRGANIZATION'S NAME		/ 7			
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7c. MAILII	NG ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
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7d. <u>SEEI</u> 1	NSTRUCTIONS ADD'L IN ORGANI	FO RE 7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZA	ATION	7g. ORGANIZATIONAL ID#	, if any
-	DEBTOR					NON
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Describ	be collateral deleted or	added, or give entire restated collater	ral description, or describe collateral	assigned.		
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796	ollateral or adds the authorizing	Debtor, or if this is a Termination authorized	by a Debtor, check here and ente	er name of DEBT	OR authorizing this Amendme	ent.
	"No.	UIPMENT FINANCING IN	C			
	VOIVIDUAL'S LAST NAME	COLUMNIA I I I I I I I I I I I I I I I I I I	FIRST NAME		MIDDLE NAME	SUFFIX
10 OPTIO	NAL FILER REFERENCE DATA				·	

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FOLI	C FINANCING STATE LOW INSTRUCTIONS (front and be NITIAL FINANCING STATEMENT 178004 BK 346 PGS 52	ck) CAREFULLY FILE # (same as item 1a on Ameno		
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as it	em 9 on Amendment form)	\ \
	FIRST NATIONAL EQU	IPMENT FINANCING	\ \	
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	\ \
13.	Use this space for additional inform	ation		
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