

## UCC FINANCING STATEMENT AMENDMENT

B SEND ACKNOWLEDGEMENTS TO:

JENNIFER MALMBERG

C/O UNISEARCH, INC.

P.O. BOX 11940

200908140117 Skagit County Auditor

	1	8/14/2	<b>009</b> Page	1 of	1 12:06P
JENNIFER MALMBERG				·	
C/O UNISEARCH, INC.					
P.O. BOX 11940					
OLYMPIA, WA 98508-1940	į				
	<b>-</b> -∥	THE ABOVE	SPACE IS FOR FI	LING OFFICE US	E ONLY
INITIAL FINANCING STATEMENT FILE #			1	NCING STATEME	
00601110078 / 1/1/1900				i (for record) (or rec TATE RECORDS.	orded) in the
TERMINATION: Effectiveness of the Financing Statement identified abo	ove is terminated with respec	i to security interest(s) of	the Secured Party aut	horizing this Termin	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect to secu	rity interest(s) of the Sec	ured Party authorizing	this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a-or 7b a	and addresse of acciones in i	om 7er and also rive nom	o of goignor in item i	1	
AMENDMENT (PARTY INFORMATION): This Amendment affects	100 Sept. 100 Se	arty of record. Check on			
Also check one of the following three boxes and provide appropriate information	_K	arty of record. Grieck on	ly <u>one</u> or wese two bu	, AG3.	
CHANGE name and/or address: Give current record name in item 6s or 6h	ralso nive new	ETE name: Give record : e deleted in item 6a or 6b	name ADD name	me: Complete item also complete items	7a or 7b, and also
name (if name change) in Ilen: 7a or 7b and/or new address (if address the CURRENT RECORD INFORMATION:	N ZZ	e deletan iti matti da of 60	. Lanen (2)	аца чалдиве пеня	ուս-ւմ ու <b>բո</b> հացու
6a. ORGANIZATION'S NAME DAI SUNG ENTERPRISE, CO	. < <				
Gb. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	Ē	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	and the second second				
7a. ORGANIZATION'S NAME		ana di Santa da Santa			
75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
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MAILING ADDRESS	CITY		STATE POS	TAL CODE	COUNTRY
			partition of the same		
SEE INSTRUCTIONS ADD'L INFO RE 17e. TYPE OF ORGANIZATION	I 7f. JURISDICTION C	FORGANIZATION	79. ORGANIZA	TIONAL ID#, if any	
ORGANIZATION					L 1
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DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box.	AMENDMENT (name of a ized by a Debtor, check here	ssignor, if this is an Assign	rment). If this is an Ar		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor. or if this is a Termination authorized collateral or adds the authorizing Debtor. or if this is a Termination authorized collateral or adds the authorizing Debtor.	AMENDMENT (name of a ized by a Debtor, check here	ssignor, if this is an Assign	rment). If this is an Ar	this Amandment	