en e			
		LAR LAR EUFD	E COUL FOR RECOR
UCC FINANCING STATEMENT AMEN	IDMENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	2005 -000	263 2005 APP	-4 PM12:53
A. NAME & PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294			EROWN
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
12468612 Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 40 Mukilteo, WA 98275	00		
File	d In: Indiana Lak <u>e</u>	THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
1a, INITIAL FINANCING STATEMENT FILE # 2000-001889 7/5/2000	<u> </u>	1b. This FINANCING STAT to be filed [for record] (or recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement ide	ntified above is terminated with respect to secur	REAL ESTATE RECOR	_
3. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect to security intere	st(s) of the Secured Party authorizing this Continua	ition Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c; an	d also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment a		cord. Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate in CHANGE name and/or address: Please refer to the detailed instruction	ns DELETE name: Give recor	d name ADD name: Complete item	7a or 7b, and also item 7c;
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or	6b. also complete items 7e-7g	ffapplicable).
6a. ORGANIZATION'S NAME			
Riverside Refactories Inc.			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGAN	NIZATION 7f. JURISDICTION OF ORGAN	NIZATION 7g. ORGANIZATIONAL ID #	if any
ORGANIZATION DEBTOR	71. JUNIODICTION OF ORGAN	Ty. ORGANIZATIONAL ID #	∏ NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box			
Describe collateral deleted or added, or give entire res	tated collateral description, or describe collat	eralassigned.	
OF OUR FRANCE O			
 NAME OF SECURED PARTY OF RECORD AUTHORIZIN adds collateral or adds the authorizing Debtor, or if this is a Termination 		this is an Assignment). If this is an Amendment auti enter name of DEBTOR authorizing this Amendme	
9a. ORGANIZATION'S NAME			
AmSouth Bank			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
O OPTIONAL FILED DESCRIPTION			
0.0PTIONAL FILER REFERENCE DATA 802630 - Novella Turner-Manuel - Riversio	de Refactories Inc. 422450/3	3605	12468612

12468612