ILOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] billigenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address) 27132856 Prepared By: Dilligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275		FILED FOR RECORD 2007 JUN 2 I AM II: 33 MICHAEL A. BROWN RECORDER							
					Filed In: Inc	diana Lak <u>e</u>	SPACE IS FO	R FILING OFFICE USE	ONLY
					NITIAL FINANCING STATEMENT FILE # 003186 9/2/1997		1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement identified abov CONTINUATION: Effectiveness of the Financing Statement identified a									
continued for the additional period provided by applicable law.									
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an AMENDMENT (PARTY INFORMATION): This Amendment affects									
Also check one of the following three boxes and provide appropriate information in	Debtor or Lack Secured Party of record. Check on in items 6 and/or 7.	ly <u>one</u> or these	two boxes.						
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 or 7b, and also item 7c also complete items 7e-7g (if applicable).							
CURRENT RECORD INFORMATION: [6a, ORGANIZATION'S NAME]									
FIFTH THIRD BANK (CHICAGO)									
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX					
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				<u>.</u>					
FIFTH THIRD BANK									
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX					
			1						
MAILING ADDRESS 222 SOUTH RIVERSIDE PLAZA 1MOC2A	CHICAGO	STATE	POSTAL CODE 60606	COUNTRY					
ZZZ OOOTITIKIVEROIDET ENEK TWOOZA	7f. JURISDICTION OF ORGANIZATION		SANIZATIONAL ID #, if any						
ORGANIZATION '				N					
ORGANIZATION ' DEBTOR									
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