JCC FINANCING OLLOW INSTRUCTION A, NAME & PHONE OF CO.	IS (front and back)	R [optional]	T	9809436927 Filed: 01/21 BLUESTON Pg: 1 of 1	/2009	11:13 a.m. VELOPMENT, I	LC
L							
a INITIAL FINANCING STA	ATEMENT FILE #			THE ABOVE SPA		R FILING OFFICE USE OF FINANCING STATEMENT A	NAME OF TAXABLE PARTY.
9804191						e filed [for record] (or recorde	d) in the
2. TERMINATION: E	iffectiveness of the Fir	nancing Statement identified above is		and the second s	ecured Par	ty authorizing this Termination	
CONTINUATION: continued for the add	Effectiveness of the itional period provide	Financing Statement identified abord by applicable law.	ve with respect to security in	iterest(s) of the Secured I	Party autho	rizing this Continuation State	ment is
ASSIGNMENT (ful	or partial): Give nam	ne of assignee in item 7a or 7b and a	address of assignee in item 7	c; and also give name of a	ssignor in i	tem 9.	ke
		noted .	btor <u>or</u> Secured Party	of record. Check only on	e of these t	wo boxes.	
		d provide appropriate information in it to the detailed instructions	items 6 and/or 7. DELETE name: Give r	record name	ADDn	ame: Complete item 7a or 7b, a	nd alsoitem7c:
in regards to changing	the name/address of a		to be deleted in item 6	a or 6b.	alsoco	omplete tems 7e-7g (if applicabl	е).
5. CURRENT RECORD II 6a. ORGANIZATION'S					***************************************		······································
R 6b. INDIVIDUAL'S LAST NAME			FIRST NAME	FIRST NAME		NAME	SUFFIX
1 0000000000000000000000000000000000000	LOCE LECTION	1995			L.,		1
7. CHANGED (NEW) OR 7a. ORGANIZATION'S		ION:					
OR							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX			
1. 1433310 183550			OFTV		STATE	POSTAL CODE	COUNTRY
C. MAILING ADDRESS			СІТҮ		SINIE	POSTAL CODE	COUNTRI
7d. SEEINSTRUCTIONS	ADD'L INFO RE	76. TYPE OF ORGANIZATION	7f. JURISDICTION OF OF	RGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION	1					NONE
	DEBTOR	1					
B. AMENDMENT (COLL	ATERAL CHANGI	enemate :					
Describe collateral described described collateral described descr	ATERAL CHANGI eleted or added, D PARTY OF RECe authorizing Debtor,	E): check only one box. or give entire restated collater restated collater. CORD AUTHORIZING THIS AM or if this is a Termination authorized	IENDMENT (name of assign	nor, if this is an Assignmer			
Describe collateral d	ATERAL CHANGI eleted or added, D PARTY OF RECe authorizing Debtor,	or give entire restated collater	IENDMENT (name of assign	nor, if this is an Assignmer			
Describe collateral described described collateral described descr	ATERAL CHANGI eleted or added, D PARTY OF REC e authorizing Debtor,	or give entire restated collater	IENDMENT (name of assign	nor, if this is an Assignmer		rizing this Amendment.	