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FOLLOW INSTRUCTIONS (front and back) CAREFULLY	DMENT				
A. NAME & PHONE OF CONTACT AT FILER [optional]					
B. SEND ACKNOWLEDGMENT TO: (Name and Mailing Address)		<u> </u>			
DILIGENZ 287393 4629 168TH ST SW SUITE E LYNNWOOD, WA 98037					
THE ACTION OF TH		THE ABO		FILING OFFICE USE OF FINANCING STATEMENT	
1a. INTITIAL FINANCING STATEMENT FILE # 56843 G43096			to be	s filed (for record) (or record). LESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement id	lentified above is terminated v	with respect to security interest(s) of the Secured Pa	arty authorizing this Termin	ation Statem
3. X CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect	to securtiy interest(s) of the Se	cured Party authoriz	ing this Continuation States	ment is
4. ASSIGNMENT: FULL or PARTIAL Give name of assignment	gnee in item 7a or 7b and add	tress of assignee in item 7c; an	d also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment at		Secured Party of Record. Check	only one of these to	wo boxes.	
Also check one of the following three boxes and provide appropriate CHANGE name and/or address: Give current record name in iter		/. DELETE name: Give reco		D name: Complete item 7a	
6. CURRENT RECORD INFORMATION:	ddress change) in item 7c.	to be deleted in item 6a o	or6b. ∐ite	m 7c: also complete items	7d-7o (if app
6a. ORGANIZATION'S NAME					
LUTHER SQUARE INC 6b. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE	NAME	SUFF
7. CHANGED (NEW) OR ADDED INFORMATION: [7a ORGANIZATIONS NAME]					
7a. ORGANIZATION'S NAME					
,	FIRST NAI	ИE	MIDDLE	NAME	SUFF
7a. ORGANIZATION'S NAME	FIRST NAI	ИЕ		NAME	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 7d. TAX ID#: SSN OR EIN OPTIONAL ADD'L INFO RE ADD'L INFO RE	CITY	ME DICTION OF ORGANIZATION	STATE		
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