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UCC FINANCING STATEMENT AMENDME	NT			⊧м2:02				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				92				
A. NAME & PHONE OF CONTACT AT FILER footionall			_		5225	50		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Vol_	M02	Page	URRO	JO		
Buchalter, Nemer, Fields & Younger								
601 South Figueroa Street, Suite 2400	i	State of	Orego	n, County	of Klam	ath		
Los Angeles, California 90017	ľ	Recorded 09/13/2002 <u>2:02 ρ</u> m. Vol M02, Pg <u>52256</u>						
Attn: Mr. Sigi Hinojosa, Paralegal		Linda Smith, County Clerk						
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1a INITIAL FINANCING STATEMENT FILE#		THE ABOVE SPA		INANCING STA				
VOL. M99, PAGE 36056			REAL	filed (for record) ESTATE RECO	RDS.			
2. TERMINATION: Effectiveness of the Financing Statement identified above								
 CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law. 	bove with respect to security inte	rest(s) of the Secured	Party authori	zing this Continu	uation Statemen	tis		
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7c;	and also give name of	assignor in ite	m 9.	· <u> </u>	<u> </u>		
		ecord. Check only on						
Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; a		ma: Civa mand name						
name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION:	ge) in item 7c. DELETE na	me: Give record name d in item 6a or 6b.	item	name: Complet 7c; also complet	e item 7a or 7b, e items 7d-7g (i	and also [applicable).		
6a. ORGANIZATION'S NAME THE NEW ALGAE COMPANY								
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NA	ME	SL	JFFIX		
7. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>					
78. ORGANIZATION'S NAME LA JOLLA LOANS, INC.				<u> </u>				
OR								
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SL	JFFIX		
7c. MAILING ADDRESS	СПУ		STATE F	POSTAL CODE	CC	OUNTRY		
7850 IVANHOE AVE	LA JOLLA		CA	9203		US		
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGA	ANIZATION	7g. ORGAN	IZATIONAL ID A	t, if any			
DEBTOR						NONE		
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral.	toral description or describe cultivation	iteral assigned.						
Describe Constants	eral description, or describe coll	iteraiassigned.						
Secured Party hereby assigns its entire security inte	erest in the collateral	described on t	he oriair	nal UCC-1	Financino	נ		
Statement referenced above.						,		
(Full Assignment)								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI	MENDMENT (name of assignor,	if this is an Assignment	l). If this is an	Amendment au	thorized by a De	btor which		
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	ed by a Debtor, check here an	denter name of DEBT						
98. ORGANIZATION'S NAME COAST BUSINESS CREDIT, a	division of Southern Pa	cific Bank						
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NA	ME	su	FFIX		
10. OPTIONAL FILER REFERENCE DATA	10.0.00				. 1			
KLAMATH COUNTY, OREGON (orig. UCC-1A filed	1 9-8-99)				· · · · · · · · · · · · · · · · · · ·			
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMEN	IT AMENDMENT (FORM UC	C3) (REV. 07/29/9	8)					