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UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT			30:		
A. NAME & PHONE OF CONTACT AT FILER (notional)		İ		,0	F00F0	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	***	V	ol <u>M02</u>	Page_	<u>52258</u>	
Buchalter, Nemer, Fields & Younger 601 South Figueroa Street, Suite 2400 Los Angeles, California 90017 Attn: Mr. Sigi Hinojosa, Paralegal		State of Oregon, County of Klamath Recorded 09/13/2002 Z:02 pm. Vol M02, Pg 52258 Linda Smith, County Clerk Fee \$ 2/ 9 # of Pgs 1				
1a INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA			USE ONLY	
VOL. M99, PAGE 36065			to be filed		recorded) in the	
2. TERMINATION: Effectiveness of the Financing Statement identified about			Secured Party aut	horizing this Ter	mination Statement.	
 CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law. 	d above with respect to se	curity interest(s) of the Secured	Party authorizing	this Continuati	ion Statement is	
4. X ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in	n item 7c; and also give name of	assignor in item 9).		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured	Party of record. Check only on				
Also check one of the following three boxes and provide appropriate information CHANGE name end/or address: Give current record name in item 6a or 6i	b; also give new	ELETE name: Give record name	ADD nar	ne: Complete it	em 7a or 7b, and also	
name (if name change) in item 7a or 7b and/or new address (if address ch 6. CURRENT RECORD INFORMATION:	nange) in item 7c.	be deleted in item 6a or 6b.	item 7c;	also complete il	ems 7d-7g (if applicable).	
6a. ORGANIZATION'S NAME THE NEW ALGAE COMPAN'	Y and THE NEW E	ARTH COMPANY				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:				*****		
7a. ORGANIZATION'S NAME LA JOLLA LOANS, INC.			······································			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
7c. MAILING ADDRESS	CITY		STATE POS	TAL CODE	COUNTRY	
7850 IVANHOE AVE	LA JOLLA		CA	92037	us	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION	OF ORGANIZATION	7g. ORGANIZA	TIONAL ID #, if	any	
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated col	llateral description, or des	cribe collateralassigned.				
Secured Party hereby assigns its entire security in Statement referenced above.	terest in the colla	ateral described on t	he original	UCC-1 F	inancing	
(Full Assignment)						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of	assignor, if this is an Assignment). If this is an Am	endment author	ized by a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorian Organization's NAME COAST BUSINESS CREDIT, a	ized by a Debtor, check he	e and enter name of DEBT				
OR 96. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
10,0PTIONAL FILER REFERENCE DATA KLAMATH COUNTY, OREGON (orig. UCC-1A file	od 0 8 00)					
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEME	ENT AMENDMENT (F	DRM UCC3) (REV. 07/29/9	8)			