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	NAME & PHONE OF CONTACT AT FILER (optional)				J. 75(0)	
	SEND ACKNOWLEDGMENT TO: (Name and Address)				U. 1 2.	21
	4180263 Diligenz, Inc.		ų,			Bus deposes
	6500 Harbour Heights Pkwy Suite 400					mel ries 7
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	INITIAL FINANCING STATEMENT FILE #			THE ABOVE	SPACE IS FOR FILING OFF	ATEMENT AMENDMENT IS
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i.	continued for the additional period provided by applicable law.	Tacinina above				
	ASSIGNMENT (full or partial). Give name or assignee in item		THE RESERVE OF THE PERSON NAMED IN			
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ŕ	CHANGE name and/or address. Please refer to the detailed instruction in regards to changing the name/address of a party.			Give record name	ADD name: Complete it	em 7a or 7b, and also item 7c; 7g (if applicable)
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