

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 Shalomim Y. HaLahawi 678-592-7289

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Ha' Yisrayli Torah Brith Yahad
 3695F Cascade Rd SW #117
 Atlanta, Georgia 30331

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **0602010-02423**

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in 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 one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
Ha' Yisrayli Torah Brith Yahad

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME
Apprenticeship & Certification Board of Integrative & Pastoral Medicine(Integrative Pastoral Medical Association)

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS
3695F Cascade Rd SW #117

CITY Atlanta	STATE Ga	POSTAL CODE 30331	COUNTRY usa
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7d. TAX ID #: SSN OR EIN <input type="text"/>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION Soveriegn Sacerdotal	7f. JURISDICTION OF ORGANIZATION Tax Exempt/Ecclesiastical	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

The Debtors, TRANSMITTING UTILITIES, are herewith entered in the Commercial Registry, and the following property is herewith registered in the Commercial Registry: Trademarked Trade-names: HemaThal Rx®, Fetal HemaThal Rx® & Sexadon Rx®, Apprenticeship & Certification Board of Integrative & Pastoral Medicine®, Integrative Pastoral Medical Association®, Pastoral Medical Association®, Hebrew Pastoral Medical Association® and/or any combination of usage herewith. Integrative Pastoral Medicine®, Integrative Pastoral Care® & any combination herewith including the Doctor/Physician of Integrative Pastoral Medicine®, Integrative Pastoral Medicine Therapist®, Pastoral Medicine Consultant® either preceding before or following after Integrative Pastoral Medicine and/or Pastoral Medicine are Common law copyrights, Registered Certification Marks & Trademarked registrations of Ha' Yisrayli Torah Brith Yahad & Shalomim Y. HaLahawi used for the purposes of occupational licensing & board certification in the profession & practice of Integrative & Pastoral Medicine as referenced in Articles of Association for the Ha' Yisrayli Torah Brith Yahad registered Sept 8, 2004. No claim is made to the exclusive right to use "Doctor", Therapist, Pastoral or "Consultant" Apart from the Certification Marks are shown.

All above-listed property is accepted for value and exempt from levy(Federal, State and Local). All proceeds, products, accounts, and fixtures, and the Orders therefrom, are hereby released to the DEBTORS. Hereafter, designation of DEBTOR "HA' YISRAYLI TORAH BRITH YAHAD" Shall expressly include any and all DEBTORS herewith or previously entered in the Commercial Registry.

Adjustment of this filing is in accord with UCC §1-308, §1-201(b)(32) &(34) and House Joint Resolution 192 of June 5, 1933.
 Secured Party accepts Debtor's signature in accord with UCC §§ 1-201(39), 3-401.

Inquiring parties may consult directly with debtor for ascertaining, in detail, the financing relationship and contractual obligations associated with this commercial transactions, referenced above. With explicit Reservation of all rights, Without Prejudice UCC §1-308, §1-201(b)(32) &(34) 7 and 1-103.6

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME HaLahawi	FIRST NAME Shalomim	MIDDLE NAME Yahoshua	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA**

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)		
0602010-02423		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)		
12a. ORGANIZATION'S NAME		
OR		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Halahawi	Shalomim	Y

13. Use this space for additional information

Integrative Pastoral Medicine®, Pastoral Medicine®, and Licensed, Registered and/or Commissioned Doctor/Physicien* of Integrative Pastoral Medicine®, Doctor of Pastoral Medicine®, Integrative Pastoral Medicine Therapist®, Pastoral Medicine Therapist®, Integrative Pastoral Therapist®, Pastoral Therapist®, Integrative Pastoral Consultant®, Pastoral Consultant®, Integrative Pastoral Medicine Consultant®, Pastoral Medicine Consultant®, Integrative Pastoral Care®, Integrative Pastoral Naturopathic Medicine®(or the usage of Homeopathic, Eastern Medicine, Ayurvedic Medicine, Oriental Medicine, Traditional Chinese Medicine in place of Naturopathic as part of the combination) are all Exclusive Registered Certification Trade-marks of the Ha' Yisrayli Torah Brith Yahad®. With explicit reservation of all rights, without prejudice. PMD®, PMD.P®, MD(IP®), MD(P)®, OMD.P®, HMD.P®, NMD.P®, PsyD.(PC)®, PMT®, PMC®, PT®, PC(P)®, EMD.P® Are all Registered Suffixes of the Ha' Yisrayli Torah Brith Yahad

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Ha' Yisrayli Torah Brith Yahad & Apprenticeship & Certification Board of Integrative and Pastoral Medicine:
 3695F Cascade Rd SW #117
 Atlanta, Georgia 30331
 Registration: 0602010-02423

Principle Register: For Integrative Family Life Primary Care Services(i.e. Humanitarian, Missionary & Alternative Medical & Pastoral Mental Health Counseling)related to the practice of faith & evidence based comprehensive functional diagnostics, assessments, Integrated Pastoral Care, Eastern, Oriental & Natural Medicine, In Class B(US. CL B) 37 C.F.R. §6,3

The Certification Marks as used by Authorized Persons is intended to Certify that an individual has met all professional, educational, Clinical skills & spiritual/Moral qualifications & requirements of the Apprenticeship & Certification Board of Integrative & Pastoral Medicine and all other legal names as registered, which is authorized by the International Mizrahi Netzarim Rabbinical Council of the Ha' Yisrayli Torah Brith Yahad, an Ecclesiastical Jurisdiction, Hebrew Medical Order & un-incorporated Non-profit Tax Exempt Religious Association, and is licensed to provide services as a Physician/ Doctor/ Therapist/and/or Consultant of Integrative Pastoral Medicine based on level of competence.

DEFINITION OF INTEGRATIVE PASTORAL MEDICINE:

THE SCIENTIFIC EVIDENCE & FAITH BASED APPLICATION & PRACTICE OF NATURAL THERAPIES FOR THE MAINTENANCE OF PHYSICAL, MENTAL & SPIRITUAL WELLBEING & THE PREVENTION OF UNNATURAL DESTRUCTIVE OCCURANCES (SPIRIT-SOUL & BODY); UTILIZING CLINICAL BASED METHODS & ADMINISTERING OF NATURALLY OCCURRING SUBSTANCES & OTHER NATURAL THERAPUETIC MODALTIES; DISCERNING & ASSESSING PHYSIOLOGICAL, PSYCHOLOGICAL & SPIRITUAL FUNCTIONS USING VALID CLINICAL DIAGNOSTICS & PASTORAL, NATUROPATHIC, PSYCHOTHERPY & COUNSELING.

Occupational Type:
 Charitable outreach services, namely, providing counseling services in the field of health & religion; Spiritual counseling; Providing both in-person and on-line holistic counseling services;
 Providing in-person holistic health care services; Alternative medicine services
 Providing news and information in the field of medicine; Counseling services in the fields of health, herbalism, and lifestyle wellness; Mental health counseling and psychotherapy as it relates to relationships; Nutrition counseling

The filing of this document and the Document stamp & Registration number constitute acceptance & evidence official registration.

All above-listed property is accepted for value and exempt from levy(Federal, State and Local). All proceeds, products, accounts, and fixtures, and the Orders therefrom, are hereby released to the DEBTORS. Hereafter, designation of DEBTOR "HA' YISRAYLI TORAH BRITH YAHAD" Shall expressly include any and all DEBTORS herewith or previously entered in the Commercial Registry.