

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT:

Read instructions on back before filling out form.

Receipt No. _____

1. File No. of Orig. Financing Statement: 1150		1A. Date of Filing of Orig. Financing Statement: 10/18/85		1B. Date of Orig. Financing Statement: 8/27/85		1C. Place of Filing Orig. Financing Statement: Eureka County, Nevada			
2. DEBTOR (SEE INSTRUCTIONS) LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST): BENSON, Kenneth F.				2A. SOCIAL SECURITY OR FEDERAL TAX NO.: ██████████-2779					
2B. MAILING ADDRESS: Diamond Valley, P.O. Box 158				2C. CITY STATE: Eureka, Nevada		2D. ZIP CODE: 89316			
3. ADDITIONAL DEBTOR (If Any) (SEE INSTRUCTIONS) LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST): BENSON, Patti E.				3A. SOCIAL SECURITY OR FEDERAL TAX NO.: ██████████-4048					
3B. MAILING ADDRESS: Diamond Valley, P.O. Box 158				3C. CITY STATE: Eureka, Nevada		3D. ZIP CODE: 89316			
4. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET									
5. SECURED PARTY NAME: FEDERAL LAND BANK OF SACRAMENTO				5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.: ██████████-5514		5B. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.: 90-1097			
MAILING ADDRESS: P.O. Box 13106				CITY STATE: Sacramento California		ZIP CODE: 95813			
6. ASSIGNEE OF SECURED PARTY (If Any) NAME: _____				MAILING ADDRESS: _____		CITY STATE: _____			
7. <input checked="" type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, furs, or oil, gas or minerals check here, and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or furs, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.									
8. <input type="checkbox"/> RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.									
9. <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.									
10. <input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.									
11. <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. Any changes made to Items 2 thru 6 above must be made in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)									
Continue File No. 1150									

THIS SPACE FOR USE OF FILING OFFICER

8. (Date) April 18 19 95

By: _____ (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

Intermountain Federal Land Bank Association, FLCA, formerly known as Federal Land Bank of Sacramento

By: Blake Marchant (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)

Blake Marchant (TYPE NAME(S)) (TITLE) **Branch Manager**

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

UCC FILE # **1150** **157807**

Cont. File # _____

Filed this 19th day of April 1995 at 12 min. past 1 pm

Records of Eureka County, Nevada

M.M. Roberts

Eureka County Recorder

11. Return Copy to:

NAME: **INTERMOUNTAIN FLCA**

ADDRESS: **P.O. Box 2124**

CITY, STATE AND ZIP: **Elko, NV 89803**

Trust Account Number (If Applicable) _____