



BOOK 344 PAGE 397  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*UCC Direct Services*  
01 OCT 29 PM 1:30

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331-3282 Fax (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	94490 WELLSFARGO7 3121120.1-30-1
Ezra C. Lundahl, Inc.	

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 20.00

177142

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 166354/306/486 03-24-97 CC EUREKA				1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Filing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Filing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by cable law.					
4. <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): Give name assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.					
5. <b>AMENDMENT (PARTY INFORMATION):</b> This amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes provide appropriate information in items 6 and/or 7. <input type="checkbox"/> <b>CHANGE</b> name and/or address: Give current name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or address (if address change) in item 7c. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).					
6. <b>CURRENT RECORD INFORMATION:</b>					
6a. ORGANIZATION'S NAME <b>EZRA C. LUNDAHL, INC.</b>					
OR					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>					
7a. ORGANIZATION'S NAME					
OR					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE COUNTRY
7d. TAX ID#: SSN or EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE		
8. <b>AMENDMENT (COLLATERAL CHANGE):</b> <input checked="" type="checkbox"/> only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.					

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 it is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME <b>Norwest Bank Nevada, National Association</b>			
OR			
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA 3121120.1	177142	Equipment/Lease No: 6242/550778585326
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BOOK 344 PAGE 397