

BOOK 347 PAGE 062
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Stewart Little
02 APR 29 AM 10:51
EUREKA COUNTY NEVADA
M.N. REGALATI, RECORDER
FILE NO.
FEES 20.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (email) Trust Acct. # |
| Cathy Yardley, 775-738-4455 |
| B. SEND ACKNOWLEDGMENT TO: (Name and address) |
| Gary L. Graber Debbie Graber HC 62 Box 62152 Eureka, NV 89316 |

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|---|----------------------------|--|-----------------------------------|---------------------------------|
| 1 a. INITIAL FINANCING STATEMENT FILE # | 168815 | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. | | |
| 2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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: <input type="checkbox"/> FULL or <input type="checkbox"/> PARTIAL. Give 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> 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. <input type="checkbox"/> CHANGE name and/or address: Give current record 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. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> 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 | | | | |
| OR | 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | Graber | Gary | L. | |
| 7. CHANGED (NEW) OR ADDED INFORMATION. | | | | |
| 7a. ORGANIZATION'S NAME | | | | |
| OR | 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. MAILING ADDRESS | | | | |
| 7d. TAX ID#: SSN OR EIN | | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any |
| OPTIONAL ADD'L INFO RE ORGANIZATION DEBTOR | | | | <input type="checkbox"/> NONE |
| 8. AMENDMENT (COLLATERAL CHANGE): Check one box. Describe collateral <input type="checkbox"/> released or <input type="checkbox"/> added give entire <input type="checkbox"/> restated collateral description. | | | | |
| 9. NAME OF SECURED PARTY OF RECORD (this is an Assignment name of assignor). | | | | |
| 9a. ORGANIZATION'S NAME | | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | | |
| 10. REQUIRED SIGNATURE(S) | | | 11. OPTIONAL FILER REFERENCE DATA | |
| Cathy Yardley | | | | |

NATIONAL UCC AMENDMENT (FORM 13) (TRANS) (REV. 07/01/01)

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