

BOOK 347 PAGE 062
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
Stewart Title
 02 APR 29 AM 10:51

EUREKA COUNTY NEVADA
 M.N. REGALATI, RECORDER
 FILE NO. FEES 20⁰⁰

178071

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (email) Trust Acct. # Cathy Yardley, 775-738-445
B. SEND ACKNOWLEDGMENT TO: (Name and address) Gary L. Graber Debbie Graber HC 62 Box 62152 Eureka, NV 89316

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. <input type="checkbox"/>
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 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. <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 Grabber 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 CITY STATE POSTAL CODE COUNTRY	
7d. TAX ID#: SSN OR EIN	7e. TYPE OF ORGANIZATION
OPTIONAL ADD'L INFO RE ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION
7g. ORGANIZATIONAL ID #, if any <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 United States of America acting through Farm Service Agency	
OR	9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
10. REQUIRED SIGNATURE(S) <i>Cathy Yardley</i>	
11. OPTIONAL FILER REFERENCE DATA	

86521810

178071

BOOK 347 PAGE 062