

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) FULLY

BOOK 358 PAGE 183
 OFFICIAL RECORDS
 RECORDED AT THE COUNTY CLERK'S OFFICE
 Wells Fargo Bank
 03 FEB 14 PM 4:59
 CLERK COUNTY OF NEVADA
 J.M. REBALEATI, RECORDER
 FILE NO. 180981
 FEES 20.00

A. NAME & PHONE OF CONTACT AT TR [optional] MONA WELLS, (208) 393-4311	Trust Acct. #
B. SEND ACKNOWLEDGMENT TO: (Name and Address) WELLS FARGO BANK NORWEST, NATIONAL ASSOCIATION ATTN: COLLATERAL MONITORING P.O. BOX 8203, MAC #U18511 BOISE, ID 83707-2203	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 a. INITIAL FINANCING STATEMENT FILED: 170151 FILED ON 05/29/98

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 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 name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and 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
JOHN UHALDE & CO.

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

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

ADD'L INFO RE: ORGANIZATION: DEBTOR

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any NONE

8. AMENDMENT (COLLATERAL CHANGE): Check only one box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

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

9a. ORGANIZATION'S NAME
FIRST SECURITY BANK, S.C.

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:
 (DEBTOR) JOHN UHALDE & CO.