

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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OFFICIAL RECORDS

Wells Fargo Bank  
03 FEB 24 AM 9:07

NEVADA  
M. REDALL ATT. RECORDED  
FILE NO. 180996  
FEES \$20.00

A. NAME & PHONE OF CONTACT AT FILER [optional] JULIE WHITE (208) 393-4369	Trust Acct. #
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  WELLS FARGO BANK, N.A. P.O. BOX 8203 MAC# U1851-015 BOISE, ID 83707-2203	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 a. INITIAL FINANCING STATEMENT FILE# 166289 BOOK: 306 PG: 276 FILED 03/07/97, EUREKA COUNTY, NEVADA	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>
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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 in 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/or 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 JULIAN TOMERA RANCH INC., HC 65-11 STONEHOUSE RANCH, PINE VALLEY, CARLIN, NV 89822				
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
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> 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 NORWEST BANK NEVADA F.S.B. N/K/A WELLS FARGO BANK, NATIONAL ASSOCIATION				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

# 7819551627, AU# 06242

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/1/01)

180996

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