UCC FINANCING STATEMT AMEN	DMENT		000k 358 07F10141 (180	
A, NAME & PHONE OF CONTACT AT FI [optional] JULIE WHITE (208) 393-4369	Trust Acct. #	7	Wells Farg 03 FEB 24 A	o Benk
B, SEND ACKNOWLEDGMENT TO: (Na and Address	s)	=	OOLED SA MA	9:01
WELLS FARGO BANK, N.A. P.O. BOX 8203 MAC# U1851-015 BOISE, ID 83707-2203		18	FILE NO. 1996	ECORDED 60 FEE\$ 20
		THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
1 a. INITIAL FINANCING STATEMENT FILE# 166289 BOOK: 306 PG: 276 FIL D3/07/97, E			1b. This FINANCING STATE to be filed [for record] (c REAL ESTATE RECORD:	or recorded) in the S.
2. X TERMINATION: Effectiveness of the Fing Statement ide				
CONTINUATION: Effectiveness of the King Statement I continued for the additional period provide applicable law.	dentified above with respect to	security interest(s) of the Secure	Party authorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give nations signed in item	7a or 7b and address of assig			
5. AMENDMENT (PARTY INFORMAY): This Amend		- u i	ty of record. Check only one of	these two boxes.
Also check one of the following three board provide as CHANGE name and/or address: Give current it name in item name (if name change) in item 7a or 7b and/or address (if address (if address the current in the change) in item 7a or 7b and/or address (if address the current in	6a or 6b: also give new	DELETE name: Give record na to be deleted in item 6a or 5b.	ADD name: Complete ite item 7c; also complete ite	m 7a or 7b, and also ems 7d -7g (if applicable).
6. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME JULIAN TOMERA RANCH INC., HC (55-11 STONEHOUS	E RANCH, PINE VAL	LEY, CARLIN, NV 898	22
OR 66. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATI 7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
		\		***************************************
7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	SANIZATION [7f, JURISDI	CTION OF ORGANIZATION	7g, ÖRGANIZATIÓNÁL ID	w, ir any
8. AMENDMENT (COLLATERAL CHANGE: ck only one box Describe collateral deleted or added, or giv	<u> </u>	collateral description,	or describe collateral	assigned.
9. NAME OF SECURED PAM OF RE (name of assignor, if this is an Anment). If the by a Debtor which adds collateral ids the authore.) Output Description:	his is an Amendment a	uthorized 🗀 ar	DMENT Id enter name of DEBTC	DR nt.
authorized by a Debtor, check ?			<u> </u>	•
NORWEST BANK NEVALES.B. N/F	FIRST N		MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DAT # 7819551627,AU# 06242				

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