

ESS. 359 229
OFF. 11
UCC Direct Services
03/11/11 Fri 3 48

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO (Name and Mailing Address) 512816 FIRST NATI

UCC Direct Services 5728742 1
P O Box 29071 NVNV
Glendale CA 91209-9071

FILED
181363
FILED
RECS 20⁰⁰

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
178201 06-17 98 CC NV Eureka

This FINANCING STATEMENT AMENDMENT is to be filed (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 the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial) Give name of assignee in item 7a or 7b and address of assignee in 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 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. 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

OR
6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
BAILEY WILFRED R

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 **ADDL INFO RE ORGANIZATION DEBTOR** **7e. TYPE OF ORGANIZATION** **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 Assignment) If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor or if this is a Termination authorized by a Debtor check here and enter name of DEBTOR authorizing this Amendment.

6a. ORGANIZATION'S NAME
OR FIRST NATIONAL BANK OF OMAHA
6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
5728742 1 Debtor Name: BAILEY WILFRED R. BAILEY WILFRED R/BARBARA M 98000072914 70

0000359 PAGE 229

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
179201 06-17-98 CC NV Eureka

12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMAHA		
OR		
12b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description THE SOUTH 1/2 OF SECTION 36 TOWNSHIP 24 NORTH RANGE 52 E LOT 1 OF THE NE 1/4 LOT 3 OF THE NW 1/4 SECTION 1 TOWNSHIP 23 RANGE 52 ALL IN EUREKA COUNTY NEVADA RECORD OWNERS WILFRED BAILEY BARBARA BAILEY BK 319 PG 387

COPY

BOOK 359 PAGE 230 **181363**