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 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
UCC Direct Services
 2003 APR -2 PM 3:41

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

181517

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 IFIRSTNATNL11

UCC Direct Services 5752289.1
 P.O. Box 29071
 Glendale, CA 91209-9071 NVNV

1a. INITIAL FINANCING STATEMENT FILE #
 174362 BK 333 PG 546 03-29-03 CC NV Eureka

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 the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by cable 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 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

OR

6b. INDIVIDUAL'S LAST NAME HALPIN	FIRST NAME TIMOTHY	MIDDLE NAME J	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID#: SSN or EIN

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 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 Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
FIRST NATIONAL BANK OF OMA

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA**
 5752289.1 Debtor Name: HALPIN, TIMOTHY J HALPIN, TIMOTHY J 98000088458-70

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

11. INITIAL FINANCING STATEMENT FILE # (as item 1a on Amendment form)
174362 BK 333 PG 546 03-29-00 CC NV Eu

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

12a. ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMA		
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: E 1/2 18-20N-53E EURE COUNTY, NEVADA BK 333 PG 546 RECORD OWNERS: TIMOTHY J HALPIN, SANDIE L HALPIN

