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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) 1-3282 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 03-29-00 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 FIRST NAME MIDDLE NAME SUFFIX
HALPIN TIMOTHY J

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 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

OR
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
FIRST NATIONAL BANK OF OMA

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) REFULLY

11. INITIAL FINANCING STATEMENT FILE # (s 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

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