		800K 363 OFFICIAL RECOR RECORDED AT THE RED Attenmountain	PAGE 209
		OFFICIAL RECOR	DS
		Intermountain	Goduction C.
UCC FINANCING STATEINT AMENDM FOLLOW INSTRUCTIONS (front and b&AREFULLY	ENT	2003 JUL -7 AM II	0: 12
A. NAME & PHONE OF CONTACT AT # [optional]		EUREKA COUNTY NE	VADA
Chloe Dufurrena 775/738-849		M.N. REBALEAM, REO	ORDER SO
B. SEND ACKNOWLEDGMENT TO: (N and Address)	_	_	au
[INTERMOUNTAIPCA		182190	\
PO BOX 2088		_	\
ELKO, NV 8980:			\
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l L			
	TH	E ABOVE SPACE IS FOR FILING O	FFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 1267		1b. This FINANCING S	TATEMENT AMENDMENT is rd] (or recorded) in the
2. X TERMINATION: Effectiveness of the king Statement identifie	d shove is terminated with respect to see	REAL ESTATE RE	CORDS
 CONTINUATION: Effectiveness of triancing Statement identified. 	ied above with respect to security interest	(s) of the Secured Party authorizing this Cor	ring this Termination Statement.
to the additional period provided by apple law.		1 1	mindetion statement is continued
ASSIGNMENT (full or partial): Give i of assignee in item 7a o AMENDMENT (PARTY INFORMATIC This Amendment affects			
Also check one of the following three boxes rovide appropriate inform	nation in items 6 and/or 7.	/ /	
CHANGE name and/or address: Give curecord name in item 6a or name (if name change) in item 7a or 7b a new address (if address	r 6b; also give new change) in item 7c. DELETE name;	Give record name ADD name: Compitem 6a or 6b. 7c; also complete	lete item 7a or 7b, and also item items 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<u> </u>		
7. CHANGED (NEW) OR ADDED INFORMA: 7a. ORGANIZATION'S NAME	\	\	
/ /		\ /	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL COL	25
	Sitt I	STATE POSTAL COL	DE COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE. TYPE OF ORGANIZATION	ION 7f. JURISDICTION OF ORGANI	ZATION 7g. ORGANIZATIONAL II	
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHAN check only one box. Describe collateral deleted or added, to entire restated collateral	ateral description, or describe collateral	assigned.	
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\ / /			
NAME or SECURED PARTY of RECOUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, his is a Termination authorizing.		Assignment). If this is an Amendment authoriter name of DEBTOR authorizing this Amer	
9a. ORGANIZATION'S NAME		TO THE OF DEDITION BUILDING HIS AMER	иной,
INTERMOUNTAIN PRODUON CREDIT ASS			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
EUREKA COUNTY UCC TERMTION/REESE M	IARSHALL/IPCA		
			