



BOOK 363 PAGE 209  
 OFFICIAL RECORDS  
 RECORDED AT THE REQUEST OF  
*Intermountain Production Credit*  
 2003 JUL -7 AM 10:12

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

EUREKA COUNTY NEVADA  
 M.N. REBALEATI, RECORDER  
 FILE NO. FEES 20.00

**182190**

A. NAME & PHONE OF CONTACT AT [optional]  
 Chloe Dufurrena 775/738-8400

B. SEND ACKNOWLEDGMENT TO: (Name and Address)  
 INTERMOUNTAIN PCA  
 PO BOX 2088  
 ELKO, NV 89801

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
 1267

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 Financing Statement identified above with respect to 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 item 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 boxes. Also check one of the following three boxes provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give old record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b a 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
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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. SEE INSTRUCTIONS	ADD'L INFO RE. ORGANIZATION: DEBTOR	TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID.#, if any	<input checked="" type="checkbox"/> NONE
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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 OR 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, this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
 INTERMOUNTAIN PRODUCTION CREDIT ASSOCIATION

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA  
 EUREKA COUNTY UCC TERMINATION/REUSE MARSHALL/IPCA

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