APN:		-	
007-210-37	•	200K 393	PAGE 281-2
		BOOK 393 OFFICIAL RE RECORDED AT THE	CORDS
		RECORDED AT THE	REDUCTION
CC FINANCING STATEMENT AMENDI DLLOW INSTRUCTIONS.(front and back) CAREFULLY	MENT	- 2004 SEP 13	PH 1:53
NAME & PHONE OF CONTACT AT FILER [optional]		- FURFKA COUNT	Y, HEVADA
Diligenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address)		– EUREKA COUNT M.N. REBALEATI FILE NO.	RECORDER
9837957		FILE NO.	1,224 740-
Diligenz, Inc.	1	192046	\
6500 Harbour Heights Pkwy, Suite 400	!	_5/00 20	\
Mukilteo, WA 98275	-		. \
			7 /
Filed In: N	Nevada Eureka		
INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPACE IS FOR FILING OFF	FICE USE ONLY TATEMENT AMENDMENT IS
173914 BK 332 PG 596 3/2/2000		- Table	d) (or recorded) in the
TERMINATION: Effectiveness of the Financing Statement identifie		ecurity interest(s) of the Secured Party authorizing thi	is Termination Statement.
CONTINUATION: Effectiveness of the Financing Statement identional period provided by applicable law.	tified above with respect to security into	erest(s) of the Secured Party authorizing this Conti	nuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a o	r 7b and address of assignee in item 7c	and also give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect		record. Check only one of these two baxes.	
Also check ane of the following three boxes and provide appropriate inform	nation in items 6 and/or 7.	/ / /	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give re to be deleted in item 6a	or 6b. ADD name: Complete it or 6b. also complete items 7e-	tem 7a or 7b, and also item 7c; 7g (if applicable)
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]			
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NICHOLSON	EDWARD		
CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME	-		
The state of the s			
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFiX
		\	
MAILING ADDRESS	CITY	STATE POSTAL COD	COUNTRY
I. SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZA	TION 71. JURISDICTION OF ORG	GANIZATION 7g. ORGANIZATIONAL II	D#, if any
ORGANIZATION DEBTOR		1	□ NON
AMENDMENT (COLLATERAL CHANGE): check only one box.		/	
Describe collateral deleted or added, or give entire restated	d collateral description, or describe co	iltateral assigned.	
\			
NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT (name of assigns	y 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 a		if this is an Assignment, if this is an Amendment and enter name of DEBTOR authorizing this Amend	
93. ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMAHA			
95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
and the second of the second second of the second	I INO! NAME	MIDDLE NAME	BOCFIX
OPTIONAL FILER REFERENCE DATA			
OPTIONAL FILER REFERENCE DATA 98000087491-70 NEVADA FEED AND CAT	TLE CO 09/07/04		983795

	it and back) CAREFULLY EMENT FILE # (same as item 1a on Ame G 596 3/2/2000	indment form)		\ \
12a, ORGANIZATION'S NAME		item 9 on Amendment form)		\ \
FIRST NATIONAL	BANK OF OMAHA			\ \
126. INDIVIDUAL'S LAST NAM	E FIRST NAME	MIDDLE NAME, SUFFIX		\ \
13. Use this space for additional	al information		_	_ \ \
				7
			THE ABOVE SPACE IS FOR	FILING OFFICE USE ONLY
SE 1/4 AND SW 1/4 LOT 1	AND N 1/2 N 1/2 LOTS 2, 3 AN	D 4 36-21N-53E, M.D.B. & M.	EUREKA COUNTY, NEVA	DA
RECORD OWNER: NEVA	DA FEED & CATTLE CO		_ \	
			/ /	
))	
)]	
			/ /	
			/ /	
		_ / /		
		_ / /		
	/ /			
		/ /		
		\ \		
_	\ \	\ \		
	\ \	1 1		
		/ /		
				•
/				
	_			