	APN:				
	007-440-04			BOOK 404	PAGE <b>28</b> 7
				OFFICIAL RE	SEMHEST DE
	A A A A SA	·1.		Niligens 2005 JAN 24	
CC FINANCING STATEMING STATEMING INSTRUCTIONS (Front and back)		IN I		2003 JAN 24	AN 3.41
NAME & PHONE OF CONTACT AT FILE	ER [optional]	1		EUREKA COUMT M.N. REBALEATI	Y. NEVADA
Diligenz, Inc. 1-800-858-52 SEND ACKNOWLEDGMENT TO: (Nam				FILE NO.	FEE\$ ZZA -
<u> </u>	io gira riodi obbj			\	/ /
11503622 Diligenz, Inc.		4	1	95415	\
6500 Harbour Heights F	kwy, Suite 400		_	\	\
Mukilteo, WA 98275		:			\
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	Filed In: Neva	ada Eurek <u>a</u>			
INITIAL FINANCING STATEMENT FILE #	<del></del>		THE ABOVE	SPACE IS FOR FILING OFFI 11b. This FINANCING STA	CE USE ONLY TEMENT AMENDMENT
	/27/2000			to be filed [for record]	(or recorded) in the
X TERMINATION: Effectiveness of the Fir	nancing Statement identified above	e is terminated with respect to	security interest(s) of	the Secured Party authorizing this	Termination Statement.
CONTINUATION: Effectiveness of the continued for the additional period provide		ibove with respect to security i	nterest(s) of the Sec	ured Party authorizing this Continu	uation Statement is
ASSIGNMENT (full or partial): Give name	ne of assignee in item 7a or 7b ar	nd address of assignee in item	c; and also give nam	e of assignor in item 9.	
AMENDMENT (PARTY INFORMATION	): This Amendment affects	Debtor or Secured Party	of record. Check on	ly <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> CHANGEname and/or address: Please refer		in items 6 and/or 7.  DELETE name: Give	sacord same	ADD name: Complete its	m 7a or 7b, and also item 7:
in regards to changing the name/address of a	party	to be deleted in item (	ia or 6b.	alsocomplete items 7e-7	(fapplicable).
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			/		
THE MARK & TERESA M	OYLE FAMILY TRUS	ST			
66. INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE NAME	SUFFIX
				1	
CHANGED (NEW) OR ADDED INFORMAT	ION:	_/_/			<del></del>
	/	/ /		$\langle \ \rangle$	
76. INDIVIDUAL'S LAST NAME		FIRST NAME	\	MIDDLE NAME	SUFFIX
		\			
MAILING ADDRESS	\	CITY		STATE POSTAL CODE	COUNTRY
	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF O	RGANIZATION	7g. ORGANIZATIONAL ID	#, if any
ORGANIZATION DEBTOR		/	/		DN
MENDMENT (COLLATERAL CHANGE					
escribe collateral deleted or added,	or give entirerestated collate	teral description, or describe	collateral assign	eđ.	
/					
7					
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NAME OF SECURED PARTY OF REC	ORD AUTHORIZING THIS A	MENDMENT (name of assist	ne if this is an Assiss	ment). If this is no Amendment ou	the size of horas Dahkar sakis
dds collateral or adds the authorizing Debtor,	or if this is a Termination authorize	ed by a Debtor, check here		iment). If this is an Amendment au EBTOR authorizing this Amendm	
93. ORGANIZATION'S NAME FIRST NATIONAL BANK (	DE OMAHA	<del></del>			
96. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	louven
WARLING ING EDG! STANCE		I II/O / HANKS		MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA	0.00				
98000088380-70 - MARK M	OYLE FARMS, LLC				11503

FQ	DLLOW INSTRUCTIONS (front	MENT FILE # (same as item 1a on Amendo		<u>'</u>	
12		RIZING THIS AMENDMENT (same as item	9 on Amendment form)	1	\ \
	FIRST NATIONAL	BANK OF OMAHA		1	\ \
01	R 126. INDIVIDUAL'S LAST NAM	E FIRST NAME	MIDDLE NAME, SUFFI	×	\ \
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s	E 1/4 19-22N-54E MDB &	M EURKEA COUNTY, NEVADA		THE ABOVE SPACE IS FO	OR FILING OFFICE USE ONLY
	RECORD OWNER: MARK				
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