	NPN: 07-210-37		OFFICIAL RECO REPORDED AT THE RE	
JCC FINANCING STATEMENT A DLLOW INSTRUCTIONS (front and back) CAREFU			2005 MAR 21 PM	
A. NAME & PHONE OF CONTACT AT FILER [options Diligenz, Inc. 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Add			EUREKA COUNTY, I M.H. REBALEATI, RE FILE NO.	CORDER FEES 4000
12302686 Diligenz, Inc. 6500 Harbour Heights Pkwy, St Mukilteo, WA 98275		_	196566	\
F	Filed In: Nevada Eureka	THE ABOVE SPA	CE IS FOR FILING OFFICE US	SEONLY
NITIAL FINANCING STATEMENT FILE # 173915 BK 332 PG 597 3/2/2000			1b. This FINANCING STATEMEI to be filed [for record] (or rec REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing State			ecured Party authorizing this Termin	7
. CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by applica		ity interest(s) of the Secured	Party authorizing this Continuation (	Statement is
. ASSIGNMENT (full or partial): Give name of assigne	ee in item 7a or 7b and address of assignee in ite	m 7c; and also give name of a	ssignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Ame		arty of record. Check only on	of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide app CHANGE name and/or address; Please refer to the detailed	linstructions CIDECETE name: G	ive record name	ADD name: Complete item 7a or	7b and also item 7c
in regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:	to be deleted in ite	m 6a or 6b.	also complete items 7e-7g (if appl	icable)
6a. ORGANIZATION'S NAME		//	<del>-</del>	
NEVADA FEED AND CATTLE CO				
66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
			ļ	
CHANGED (NEW) OR ADDED INFORMATION:				
78. ORGANIZATION'S NAME		\		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	<del>\  \  \</del>	MIDDLE NAME	SUFFIX
		\ '		ł
. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
\ \ \	\\			
I. SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE C ORGANIZATION	OF ORGANIZATION 7f. JURISDICTION OF	ORGANIZATION	7g. ORGANIZATIONAL ID#, if any	
AMENDMENT (COLLATERAL CHANGE): check on			<u> </u>	NONE
Describe collateral deleted or added, or give ent	irerestated collateral description, or descri	be coffateral assigned.		
/				
NAME OF SECURED PARTY OF RECORD AUTH	IORIZING THIS AMENDMENT (name of sec	signor, if this is an Assignmen	). If this is an Amendment authorize	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a			). If this is an Amendment authorized OR authorizing this Amendment.	d by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a 9a. ORGANIZATION'S NAME	Termination authorized by a Debtor, check here			d by a Debtor which
FIRST NATIONAL BANK OF OMA	Termination authorized by a Debtor, check here		OR authorizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a gas. ORGANIZATION'S NAME FIRST NATIONAL BANK OF OMA	Termination authorized by a Debtor, check here			d by a Debtor which

UCC FINANCING STATEME FOLLOW INSTRUCTIONS (front and back) ( 11. INITIAL FINANCING STATEMENT FILE	AREFULLY # (same as item to on Amendment form			\
	3/2/2000		\	\
12. NAME OF PARTY AUTHORIZING THIS		menament torm)	\	\
FIRST NATIONAL BANK C	FIRST NAME	MIDDLE NAME, SUFFIX		\ \
	THO I WANE	MIDDE HAMILION FIRE		\ \
13. Use this space for additional information	<del></del>			7 1
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			THE ABOVE SPACE IS FOR FILE	NG OFFICE USE ONLY
SE 1/4 AND SW 1/4 LOT 1 AND N 1/2		IN-53E, M.D.B. & M.,	EUREKA COUNTY, NEVADA	
RECORD OWNER: NEVADA FEED 8	CATTLE CO		\ \	
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