	DOC # 0208189					
CC FINANCING STATEMENT AMENDME	NT	O3/09/2007 Official Record Recording requested By AMERICAN AGCREDIT FLCA Eureka County - NV Mike Rebaleati - Recorder Fee: \$42.00 Page 1 of 2 RPTT: Recorded By FES Book- 0453 Page- 0204				
NAME & PHONE OF CONTACT AT FILER [optional]						
Sarah Kivisto 775-738-8496						
SEND ACKNOWLEDGMENT TO: (Name and Address)		DOOK - 0400	rage-	6204		
American AgCredit, FLCA PO Box 2088 Elko, NV 89803		0208189				
) i *		Name of the last o			
	<u></u>	IE ABOVE SPACE	IS FOR	FILING OFFICE U	SE ONLY	
INITIAL FINANCING STATEMENT FILE #		The state of the s	to be	INANCING STATEME filed [for record] (or re		
70064 (Real Estate Records Book 319 Page 094)	/		REAL	ESTATE RECORDS.	/ /	
TERMINATION: Effectiveness of the Financing Statement identified above						
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect to security interest(s) of the Secured Par	rty authori	zing this Continuation	Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c: and	also give name of ass	ignor in ite	m 9.	-	
AMENDMENT (PARTY INFORMATION): This Amendment affects.			_			
Also check one of the following three boxes and provide appropriate information	76.	,				
CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name. Give record r	name D	ADD nai	ne. Complete item 7a o nplete items 7e-7g (if app	r7b, and also item 7	
CURRENT RECORD INFORMATION:	12 to be selegant and on at an	7 7		19-00-00-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0	, magain	
6a ORGANIZATION'S NAME			-			
66. INDIVIDUAL'S LAST NAME	FIRST NAME	N	NIDDLE N	AME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION: 17a, ORGANIZATION'S NAME		<u> </u>	i.	_ 		
		1	N .			
Gallagher Farms, LLC 75 INDIVIDUAL'S LAST NAME	(FIRST NAME		AIDDLE N.	AME	SUFFIX	
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MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR	
	Eureka].	$_{ m NV}$	89316		
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ADD'L INFO RE TO TYPE OF ORGANIZATION OF LLC AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated colla restated collateral or adds the authorizing Debtor, or if this is a Termination authorized organization's NAME American AgCredit, FLCA, successor in interest	7f. JURISDICTION OF ORGANIZ Nevada MENDMENT (name of assignor, if the led by a Debtor, check here and er and er to Intermountain Federa	is is an Assignment) iter name of DEBTO	f this is a R authoriz	n Amendment authorizing this Amendment	ed by a Debtor whi	

	C FINANCING S		T AMENDMENT AL	DDITIONAL PART	Y		\wedge	
14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 170064					7			
		THORIZING TH	S AMENDMENT (same as ite	m 9 on Amendment form)			\ \	
	15a. ORGANIZATION'S N	IAME					\ \	
OR	American AgCr		Succesor in interest t	o Intermountain	IEEIX		\ \	
	130 INDIVIDUALS LAST	NAME	FIRST IVAME	INIDDLE IVAINE,SI	DELIA.		\ \	
16	MISCELLANEOUS					-	. \ \	
10.	WISCELLANEOUS							
						-		
	ADDITIONAL DEBTO	D'C EVACE CUI	LIFORI NAME				S FOR FILING OFFICE	USE ONLY
17.	178. ORGANIZATION'S N	AME	L LEGAL NAME - insert only or	e name (17a or 17b) - do not	abbreviate or combine name	s .		<u> </u>
	J&T Farms, LL	.C			\	\		
OR	J&T Farms, LI	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	}				J	IJ.		
17c	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
	C 62 Box 62143	ADD'L INFO RE	17e, TYPE OF ORGANIZATION	Eureka 17f. JURISDICTION OF C	DECANIZATION	NV	89316 SANIZATIONAL ID #, if any	
174	SEE INSTRUCTIONS	ORGANIZATION	LLC	Nevada	ORGANIZATION	1179. ORG	SANIZATIONAL ID #, IF any	~
18	ADDITIONAL DEBTO		L LEGAL NAME - insert only or		hhreviate or combine name	<u> </u>		NONE
	18a. ORGANIZATION'S NA		E ELSAL HAME THIS COMY OF	g name (roa di 100) - do noci	DECYMENT OF CONTESTS HAVE			
-								
OR	18b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	<u></u>					1		
18c	MAILING ADDRESS	- /	/	CITY	/	STATE	POSTAL CODE	COUNTRY
18d	SEEINSTRUCTIONS	TADD'L INFO RE	18e. TYPE OF ORGANIZATION	18f JURISDICTION OF	RGANIZATION	18a ORG	SANIZATIONAL ID#, if any	<u>, </u>
		ORGANIZATION DEBTOR	1			1	57.11(<u>12</u> .17)(51.11 <u>2.15</u> 1.17	NONE
19.	ADDITIONAL DEBTO		L LEGAL NAME - insert only or	e name (19a or 19b) - do not :	abbreviate or combine name	es		LINONE
	19a. ORGANIZATION'S NA							
OR	OR			- Incompanies -		T. HERET		Telega :
1	196 INDIVIDUAL'S LAST	NAME 1		FIRST NAME	/	MIDDLE	NAME:	SUFFIX
190	. MAILING ADDRESS			CITY	<u>/</u>	STATE	POSTAL CODE	COUNTRY
100	MALINO ADDICESS			City		John	P GSTAL GODE	1000111111
19d	SEEINSTRUCTIONS	ADD'I. INFO RE	19e TYPE OF ORGANIZATION	19/ JURISDICTION OF	RGANIZATION	19g OR	J GANIZATIONAL ID#, if any	
		ORGANIZATION DEBTOR				I		NONE
20.			AME (or Name of TOTAL ASSIG	NEE) - insert only <u>one</u> name (:	20a or 20b)			
	20a. ORGANIZATION'S NA	AME						
OR	206 INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
١.	200 HVD (VID OX C O CX O)		/ /	THOTAME		, will both	TAT THE	John
20c	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
			//	_		<u> </u>	[
21.	ADDITIONAL SECUR	ED PARTY'S N	AME (or Name of TOTAL ASSIG	NEE) - insert only one name (21a or 21b)			
	21a ORGANIZATION'S NA	AME						
OR	21b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
				'	2 02 (00 (000)	ŗ		1551111
21c	MAILING ADDRESS	—— 	18 11811 88181 18181 18181 1818 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 1881 18	0208189 Book 45	3 03/09/200 7 5 Page 2 of 2	′ –	POSTAL CODE	COUNTRY
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