

DOC # 0210308

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Official Record

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Eureka County - NV
Mike Rebaleati - Recorder

Fee \$40.00 Page 1 of 1
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Book-0460 Page- 0090



0210308

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)

SEND ACKNOWLEDGMENT TO: (Name and Address)

951 BOOK 344, PAGE 302, DOCUMENT #177115

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a ORIGINAL FINANCING STATEMENT FILE # 951 BOOK 344, PAGE 302, DOCUMENT #177115 TO THE 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 interests of the Secured Party authorizing this Termination Statement.

3 CONTINUATION Effectiveness of the Financing Statement identified above with respect to security interests of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4 ASSIGNMENT (all or part) 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 two boxes. Also check ONE of the following three boxes AND provide appropriate information in items 6 and/or 7.

CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name of a party. DELETE name. Give record name to be deleted in item 5a or 5b. 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
Etchegaray Leroy W. & Mary Jean

7. CHANGED (NEW) OR ADDED INFORMATION

7a ORGANIZATION'S NAME

OR 7b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d SEE INSTRUCTIONS ADD INFO RE ORGANIZATION DEBTOR 7e TYPE OF ORGANIZATION 7f JURISDICTION OF ORGANIZATION 7g ORGANIZATIONAL ID #, if any NONE

8 AMENDMENT (COLLATERAL CHANGE), check only ONE box
Describe collateral deleted or added, or give entire revised collateral description or describe collateral assigned

9 NAME OF SECURED PARTY OF 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, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a ORGANIZATION'S NAME
United States of America acting through Farm Service Agency

OR 9b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10 OPTIONAL FILER REFERENCE DATA