			DO	C	# 021162	9	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CA		Т	Off Recordin UCC DIRE Eu	g requ CT SER reka	ial Reco ested By VICES County - NV	rd	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone (800) 331	2292 Fay (919)	662 4144	Mike R Fee:	ebale	eati - Recorder Page 1 of		
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Ad	, ,		RPTT: Book- Ø	469 P a	Recorded By: uge- 0101	FES	
UCC Direct Services	1328407	\neg					
P.O. Box 29071 Glendale, CA 91209-9071	NVNV FIXTURE		0211629				
1a. INITIAL FINANCING STATEMENT FILE #			THE ABOV	1b. T	EIS FOR FILING OFFICE USE his FINANCING STATEMENT	AMENDMENT IS	
175889 BK 339 PG 592 03/05/01 0	CC NV Eureka				be filed [for record] (or record) EAL ESTATE RECORDS.	ea) in the	
X TERMINATION: Effectiveness of the Financing CONTINUATION: Effectiveness of the Financing continued for the additional period provided by applications.	Statement identified above wi						
4. ASSIGNMENT (full or partial): Give name of as	signee in item 7a or 7b ar	d address of assigne	e in 7c; and also give	name o	f assignor in item 9.		
Also check one of the following three boxes and p CHANGE name and/or address: Give current record n name (if name change) in item 7a or 7b and/or new ac CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	ame in item 6a or 6b; also giv	e new DELET	7. E name: Give record na: eleted in item 6a or 6b.	ne	ADD name: Complete item 7: item 7c; also complete items		
6b. INDIVIDUAL'S LAST NAME		RST NAME	$\overline{}$	MIDDLE		SUFFIX	
MORRISON				LLOY	Ď.		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				$\overline{}$			
7b. INDIVIDUAL'S LAST NAME	FI	RST NAME	/	MIDDLE	NAME	SUFFIX	
7c. MAILING ADDRESS	C	TY		STATE	POSTAL CODE	COUNTRY	
ORGANIZATION	OF ORGANIZATION 71	JURISDICTION OF OF	RGANIZATION	7g. OR0	GANIZATIONAL ID #, if any	NONE	
DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check o	nly o <u>ne</u> box.	/_/		ļ			
Describe collateral deleted or added, or give e	restated collateral	description, or describ	e collateral assigne	ed.			
9. NAME of SECURED PARTY OF RECORD AUTHO	RIZING THIS AMENDME	NT (name of assignor. it	this is an Assignment).	If this is a	n Amendment authorized by a	Deblor which	
adds collateral or adds the authorizing Debtor, or if this is a 9a. ORGANIZATION'S NAME FIRST NATIONAL EQUIPMENT FINANCII	Termination authorized by a l	Debtor, check here a	and enter name of DEBT	OR autho	rizing this Amendment.		
OR 9b. INDIVIDUAL'S LAST NAME		RST NAME	ELO / Killing / As Oel	MIDDLE		SUFFIX	

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

10. OPTIONAL FILER REFERENCE DATA
13284075 Debtor Name: MORRISON, D LLOYD MORRISON, D LLOYD 800-1029246-001

UC FOL	C FINANCIN	IG STA	FEMENT A	AMENDMEN k) CAREFULLY	NT ADDENDUM	
11. l	NITIAL FINANCIN	IG STATEM	ENT FILE # (s	same as item 1a on Amer	ndment form)	
175	75889 BK 339 PG 592 03/05/01 CC NV Eureka					
12. N	IAME of PARTY AU	THORIZING 1	THIS AMENDME	NT (same as item 9 on Am	endment form)	
	12a, ORGANIZATIONAL FIRST NATIONAL Servicing Agent)	ON'S NAME EQUIPMEN	IT FINANCING	, INC (Diversified Financial	Services, LLC Acting As	
OR	12b. INDIVIDUAL'S	LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX	
	Use this space fo					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: WILLIAM W RIGGS, LUHREE G RIGGS Description: SE 1/4 SECTION 7, TOWNSHIP 21 NORTH, RANGE 53 EAST, EUREKA COUNTY, NEVADA, APN #007-200-12



0211629 Book: 469 01/3

01/31/2008