Official Record Recording requested By DIVERSIFIED FINANCIAL SERVICES Eureka County - NV Mike Rebaleati - Recorder Fee Page 1 **UCC FINANCING STATEMENT AMENDMENT** of 2 Recorded By. FES RPTT: FOLLOW INSTRUCTIONS (front and back) CAREFULLY Book- 0469 Page-0279 A NAME & PHONE OF CONTACT AT EILER (optional) TERRY MOCK 800-648-8026 EXT. 8359 B. SEND ACKNOWLEDGMENT TO: (Name and Address) DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY STE 400 **OMAHA NE 68154** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ia. INITIAL FINANCING STATEMENT FILE# This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 181296 BK 359 PGS 144-145 03/03/2008 EUREKA CNTY, NEVADA REAL ESTATE RECORDS TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Pany authorizing this Continuation Statement is ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignes in item 7c; and also give name of assignor in item 9 5 AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Debtor of Decord 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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c ADD name. Complete item 7a or 7b, and also item 7c, also complete items 7d-7g (if applicat DELETE name: Give record name CURRENT RECORD INFORMATION 6a ORGANIZATION'S NAME OR 66. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX WISEHART LARRY 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 7d. TAX ID#. SSN OR EIN ADD'L INFO RE | 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated 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 DIVERSIFIED FINANCIAL SERVICES, LLC MIDDLE NAME SUFFIX 9b. INDIVIDUAL'S LAST NAME FIRST NAME

DOC # 0211664

10. OPTIONAL FILER REFERENCE DATA

109-0094591-001 WISEHART, LARRY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amenament form) 181296 BK 359 PGS 144-145 03/03/2008 EUREKA CNTY, NEVADA 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME

DIVERSIFIED FINANCIAL SERVICES, LLC OR 12b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

LEGAL DESCRIPTION: NE 1/4 SECTION 20, TOWNSHIP 21 NORTH, RANGE 54 EAST, EUREKA COUNTY, NEVADA

RECORD OWNERS: LARRY WISEHART



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