		DOC # 0211681	
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	Rec	ording requested By	/\ /\
	CL®	S INFORMATION SERVICES	. \
CC FINANCING STATEMENT <b>AMEN</b> D	MENT	Eureka County - N	
DLLOW INSTRUCTIONS (front and back) CAREFULLY		(e Rebaleati - Recor	
. NAME & PHONE OF CONTACT AT FILER [optional]	ree RPT	: <b>\$40.00</b> Page 1 T. Recorded	of 1 By LLH
SEND ACKNOWLEDGMENT TO: (Name and Address)		ok-0469 Page- 0362	\
Return Ta:			ll
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WWW.CLASINFO.COM			
INFORMATION 2020 FURLEY WAY SUITE:	650 021	1681	
SERVICES JACKAROTO, (A 1702)  **TEL 916.564.7800 / 800 93  **Fax 216.564.7800	2.5696		-1
DEENITE			<b>\</b>
account number 1000 AVIII 3			The state of the s
INITIAL FINANCING STATEMENT FILE#	THEA	BOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
204545 (Eureka County, NV) filed 04/25/06	/ _	to be filed [for record] (o	r recorded) in the
TERMINATION: Effectiveness of the Financing Statement identif	fied above is terminated with respect to security inter		
CONTINUATION: Effectiveness of the Financing Statement ide			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also g	ive name of assignor in item 9,	
AMENDMENT (PARTY INFORMATION): This Amendment affer		heck only one of these two boxes.	
Also check one of the following three boxes and provide appropriate info	The state of the s	/ _/	9
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 name to be deleted in item 8a or 6b.	ADD name; Complete item 7 also complete items 7e-7g (if	/aor /b, and also item : /applicable).
CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME			
TriplePoint Capital LLC	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a, ORGANIZATION'S NAME		1 1	
TriplePoint Capital LLC		\ >	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	\ \		
, MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
755 Sand Hill Road, Suite 150  SEEINSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZ	Menio Park PATION 71. JURISDICTION OF ORGANIZATIO	CA 94025  ORGANIZATIONAL ID #, 8	USA
ORGANIZATION '	A. JORISDICHON OF ORGANIZATIO	I'g. OROANIZATIONAL ID W.	
		L	<u>_</u> _!
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire resta	an managa sa mada 🖺	1	
Describe consideral Meleted of Manded, of the entire Meada	ted collection description, of describe collection.	_ #eeigneu.	
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NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debter, or if this is a Termination 9a. ORGANIZATION'S NAME			
adds collateral or adds the authorizing Debter, or if this is a Termination 9a. ORGANIZATION'S NAME			
adds collateral or adds the authorizing Debter, or if this is a Termination 9a. ORGANIZATION'S NAME	authorized by a Debtor, check here and enter no	ame of DEBTOR authorizing this Amendmen	nt