					DOC	# 0212		7
UCC FINANCING STATEMENT		NT		Reco GOEC	rding r OFCHIA ! <b>Eure</b>		COI AL	rd
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-		8) 662-4141		Fee RPTI	٠.	Page 1 Recorded Page 0196	of 2	
B SEND ACKNOWLEDGEMENT TO: (Name and Mailing Add						7 \		II.
UCC Direct Services	149007	40		021	2127			
P.O. Box 29071 Glendale, CA 91209-9071	NVNV FIXTUF	RE		THE ABOU	(E SDACE I	S FOR FILING OFFICE US	P ANI V	
1a. INITIAL FINANCING STATEMENT FILE # #175888 BK 339 PG 591 03/05/01	CC NV Eureka			THE ABO	1b. This	S FINANCING STATEMENT e filed [for record] (or record AL ESTATE RECORDS.	AMEND	
<ol> <li>Z TERMINATION: Effectiveness of the Financing S</li> <li>CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by applicable</li> </ol>	Statement identified abov		1000		_		1	
Also check one of the following three boxes and proceed the CHANGE name and/or address: Give current record nation name (if name change) in item 7a or 7b and/or new address:  6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	me in item 6a or 6b, also	give new	DELETE nar	ne: Give record na I in item 6a or 6b		ADD name: Complete item fem 7c; also complete items		
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		$\overline{}$	MIDDLE	IAME	SUF	FIX
7. CHANGED (NEW) OR ADDED INFORMATION:			\	7	The same of the sa			
7a. ORGANIZATION'S NAME			/		>			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	/		MIDDLE N	AME	SUF	FIX
7c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	cou	INTRY
7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	OF ORGANIZATION	7f. JURISDICTION	OF ORGAN	IZATION	7g. ORGA	NIZATIONAL ID #, if any	_ <b>`</b>	NONE
8. AMENDMENT (COLLATERAL CHANGE): check on Describe collateral deleted or added, or give en		eral description, or d	describe col	lateral assigne	d.			
NAME OF SECURED PARTY OF RECORD AUTHOR     adds collateral or adds the authorizing Debtor, or if this is a T     PROPRIET TONIS NAME.	IZING THIS AMENDI ermination authorized by	MENT (name of ass y a Deblor, check he	ignor, if this i	s an Assignment). hter name of DEBT	ff this is an A OR authoriz	Amendment authorized by a ing this Amendment	Debtor w	which

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA 14900740 Debtor Name: J J MOYLE INC J-J MOYLE, INC 98000097203-70

SUFFIX

MIDDLE NAME

FIRST NATIONAL EQUIPMENT FINANCING, INC (Diversified Financial Services, LLC Acting as Servicing Agent)

FIRST NAME

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY										
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)										
#17	75888 BK 339	PG 591	03/05/01	CC NV Eure	eka					
12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)										
	12a. ORGANIZATION'S NAME FIRST NATIONAL EQUIPMENT FINANCING, INC (Diversified Financial Services, LLC Acting as Servicing Agent)									
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME.SUFFIX						
_										
13. Use this space for additional information										

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: JAMES L AND NANCY J MOYLE
Description: N 1/2 AND SE 1/4 SECTION 32, TOWNSHIP 23 NORTH, RANGE 54 EAST, EUREKA COUNTY, NEVADA APN: 007-070-14



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