DOC # 0213181

03/16/2009

34:07 PM

Official Record
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GREAT BASIN BANK OF NEVADA

Eureka County - NV Mike Rebaleatin - Recorder

Fee \$42.00

Page 1 of 2 Recorded By: FES

Book- 0486 Page- 0066



UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

ERIKA TURNER 775-748-4465

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

GREAT BASIN BANK OF NEVADA
487 RAILROAD STREET
ELKO, NV 89801

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a, INITIAL FINANCING STATEMENT FILE# This FINANCING STATEMENT AMENDMENT IS to be filed [for record] (or recorded) in the 190814 REAL ESTATE RECORDS 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assigner 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. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). 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 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a, ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME OWEN MILLER 7. CHANGED (NEW) OR ADDED INFORMATION: 7a ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY 7c. MAILING ADDRESS CITY 89316-9601 **USA** HC 62 BOX 62195 **EUREKA** 7g. ORGANIZATIONAL ID #, if any 7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION **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

GREAT BASIN BANK OF NEVADA

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

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