UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS (front and back) CARE		NT	Re C1	06/2 FFI cording LIEN SC Eur	requested By	cord v
A. NAME & PHONE OF CONTACT AT FILER [optional]				e. \$6 0.0	90 Page 1 Recorded	of 4 By FES
Phone (800) 331-32		6) 662-4141	В	ook- 048	37 Page- 0339	
8. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 18047 THE B	ANK OF NE	[]			
CT Lien Solutions	1913354	48		213347		
P.O. Box 29071	NVNV				\ \	
Glendale, CA 91209-9071	, , , , , ,	_		The Real Property lies, the Re	_ \ \	
	FIXTUR					
A MUTAN CINANCING OTATEMENT FILE			THE ABO	-	S FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 155362 09/30/94 CC NV Eureka				X to b	s FINANCING STATEMENT A le filed (for record) (or recorde AL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing State	ement identified above	is terminaled with res	pect to security interest(s) of			nation Statement
3. X CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable la		with respect to the se	curity interest(s) of the Secu	red Party aut	horizing this Continuation Sta	tement is
4. ASSIGNMENT (full or partial): Give name of assign	ee in item 7a or 7b	and address of ass	ignee in 7c; and also give	e name of a	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment Also check one of the following three boxes and provide CHANGE name and/or address. Give current record name name (if name change) in item 7a or 7b and/or new address. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Newmont Gold Company	le appropriate infor in item 6a or 6b, also	mation in items 6 ar give new DE	Party of record, Check only d/or 7. LETE name: Give record nabe deleted in item 6a or 6b.	ıme 🦳	ADD name: Complete dem 7a ilem 7c. also complete dems i	
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	\	MIDDLE N	IAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				1		
/ /			/	_ >		
OR 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	\	MIDDLE N	AME	SUFFIX
7c MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	ORGANIZATION	7F JURISDICTION O	FORGANIZATION	7g. ORGA	NIZATIONAL ID #, If any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only of Describe collateral deleted or added, or give entire	PROFESSION 1	ral description, or de	scribe collateral assign	ed.		

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 Ihis Amendment.

9a. ORGANIZATION'S NAME
Bank One, National Association f/d/a The First Na tional Bank of Chicago, as Indenture Trustee

OR

9b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

10. OPTIONAL FILER REFERENCE DATA

19133548 Debtor Name: Newmont Gold Company 10211251 Sharon McGrath

UNITUHM CUMMERCIAL CODE HINANCING STATEMENT CHANGE FORM N-UCC-2

This FINANCING STATEMENT	is presented for filipg :	pursuant to the Ne	vada Uniform Chimmercial Code
1900	ONT -		
1177 /	0000 -		

Read Instructions on back			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
File No. of Orig. Financing Statement 1553 62	1A. Date of Filing of Orig. Financing Statement 9/30/1994	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement NV-Eureka County
DEBTOR (ONE NÂME ONLY) 25 LEGAL BUSINESS NAME D INDIVIOUAL (LAST NAME FIRST	Newmont Gold Company		2A. SOCIAL SECURITY OR FEDERAL TAX NO 13-2526632
MAILING ADDRESS	, 1700 Lincoln Street	2C. CITY, STATE	20. ZIP COOR CO 80203
ADDITIONAL DEBTOR (if any) . (i I) LEGAL BUSINESS NAME . I) INDIVIDUAL (LAST NAME FIRST	ONE NAME ONLY)		3A. SOCIAL SECURITY OR FEDERAL TAX NO
. MAILING ADDRESS	·	3C. CITY, STATE	30. ZIP CODE
ADDITIONAL DESTOR(S) ON	ATTACHED SHEET	?e. ₇	
	Bank of Chicago, As Indest		SA. SOCIAL SECURITY NO. FEDERAL TAX NO OR BANK TRANSIT AND A.B.A. NO.
CMY Chicago	STATE IL	ZIP CODE 60670	36-0899825
ASSIGNEE OF SECURED PART	Y (if any)		5A, SOCIAL SECURITY NO. PEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
MAILING ADDRESS CITY	STATE	ZIP CODE	
	original Financing Statoment between the foregoing, or oil, gas or miderals check here ID and insert team & below. If crops or fixtures, also insert name	description of real property on which grow	file number and date shows above is continued. If callisteral wing or to be grown or to which affixed or to be affixed or from Effective only if automitted within 6 months prior
	collegeral described in the Financing Statement bear not turnimate debt.	uring the file rumber shown above, the Soc	aured Party releases the colleteral described in Item 8 below.
C. ASSIGNMENT - The S Statement bearing the f	Secured Party certifies that the Secured Party has the number shown above in the collateral described	s assigned to the Assignee above named tin Item 8 below,	f. all or part of the Secured Party's rights under the Financia
		The state of the s	
D. TERMINATION - The S		N	inancing Statement bearing the file number shown above.
D. [_]	Secured Party certifies that the Secured Party no lo	onger claims a security interest under the F above is amended as set torth in item 8 ba	Financing Statement bearing the file number shown above. Now. Any changes made to items 2 thru 6 above must be made to Items 2 thru 6 above must be must be mu
D AMENDMENT -The Fit	Secured Party certifies that the Secured Party no lo naming Statement bearing the file number shown	onger claims a security interest under the F above is amended as set torth in item 8 ba	low. Any changes reads to items 2 thru 6 above must be ma
D. AMENDMENT -The Fit	Secured Party certifies that the Secured Party no lo naming Statement bearing the file number shown	enger claims a security interest under the F actory is amended as soft with in item 6 bi a) required on all amendments.)	ilow. Any changes made to items 2 thru 6 above must be made. ID: 44590 NV-Eureka County.
D. AMENOMENT—The Fit in Rem 8 below. Newmont Gold Comp	Secured Party certifies that the Secured Party no lo transing Statement bearing the file number shown in (Signature of Debtor(s) and Secured Party(less)	enger claims a security interest under the F above is amended as soft with in item 6 bi a) required on all amendments.) CSC	ilow. Any changes reads to items 2 thru 6 above must be made to ID: 44590 NV-Eureka County 10. This Space for Use of Filing Officer. (Date, Time, Filing Officer)
Newmont Gold Comp	Secured Party certifies that the Secured Party no lot raining Statement bearing the file number shown a (Signeture of Debtor(s) and Secured Party(lesson)	enger claims a security interest under the F above is amended as soft with in item 6 bi a) required on all amendments.) CSC	ilow. Any changes made to items 2 thru 6 above must be made to Ito: 44590 NV-Eureka County 10. This Space for Use of Filing Officer: (Date, Time, Filing Officer)
Newmont Gold Comp By First National Ba	COURSE PARTY(IES)	shove is amended as sof furth in item 8 to a) required on all amendments.) CSC	ilow. Any changes reads to items 2 thru 6 above must be made to ID: 44590 NV-Eureka County 10. This Space for Use of Filing Officer. (Date, Time, Filing Officer)
Newmont Gold Comp By First National Base Signatures of S	(Date) (Date) E(S) OF DESTOR(S) TYPE NAME(S) Return Copy to:	above is amended as sof furth in item 8 to a) required on all amendments. 1 CSC (ITTLE) Trustee No. 2	ilow. Any changes made to items 2 thru 6 above must be made. ID: 44590 NV-Eureka. County. 10. This Space for Use of Filing Officer. (Oato, Time, Filing.)
Newmont Gold Comp By SIGNATURE First National Raby SIGNATURE SIGNATURE APPLEA STATE AMENDMENT—The First In Revn 8 below.	(Date) Type Name(s) Return Copy to: Return Copy to:	above is amended as sof furth in item 8 to a) required on all amendments. 1 CSC (ITTLE) Trustee No. 2	10. This Space for Use of Filing Officer: (Date, Time, Fil Number and Filing Officer) 329 425 CSC Unuted States Corp

SCHEDULE A

ACKNOWLEDGEMENT COPY

Debtor:

Newmont Gold Company One United Bank Center 1700 Lincoln Street Denver, Colorado 80203

Secured Party:

SHAWMUT BANK CONNECTICUT, NATIONAL ASSOCIATION, a national banking association, not in its individual capacity but solely as Owner Trustee under that certain Trust Agreement No. 2. dated as of July 15, 1994, between it and Philip Morris Capital Corporation

777 Main Street 06115 Hartford, Connecticut

Assignee of Secured Party:

THE FIRST NATIONAL BANK OF CHICAGO, a national banking association, as Indenture Trustee under the Trust Indenture and Security Agreement, dated as of July 15, 1994, between it and the Secured Party

One First National Plaza Suite 0126 Chicago, Illinois 60670-0126

Corporate Trust Services Attention: Division

Description of Collateral

A 25% undivided interest in all of the Debtor's right, title and interest in and to the equipment, goods and other tangible personal property (including fixtures) which together comprise a refractory gold ore treatment process facility located near Carlin, Nevada, all as more fully described in Annex 1 hereto, and any and all substitutions, replacements and accessions thereto or therefor and the proceeds thereof, including, without limitation, insurance proceeds.

The above-described collateral includes goods which are or are to become fixtures on the real estate described in Schedule B attached hereto and incorporated herein by this reference. The record owner of the real estate described in Schedule B is Debtor.

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ACKNOWLEDGEMENT COPY

The foregoing property has been leased by the Secured Party to the Debtor pursuant to a Lease dated as of September 30, 1994 between the Debtor and the Secured Party, which lease is intended to be a true lease. This financing statement is being filed only as a precautionary measure in the event that such lease is determined not to be a true lease and to perfect the lessor's interest under the lease described above in any of the collateral which is deemed to be fixtures within the meaning of Nevada Revised Statutes \$104A.2309.

