

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 18047 THE BANK OF NE

CT Lien Solutions	19133548
P.O. Box 29071	NVNV
Glendale, CA 91209-9071	FIXTURE



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
155362 09/30/94 CC NV Eureka

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the 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 the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor 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.

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

DELETE name: Give record name to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b and also item 7c, also complete items 7d-7g (if applicable)

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME  
Newmont Gold Company

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

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  
Bank One, National Association f/d/a The First National 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 1021251 Sharon McGrath

UNIFORM COMMERCIAL CODE FINANCING STATEMENT CHANGE FORM N-UCC-2

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT:

Read instructions on back before filing out form.

1999 CONT -

Receipt No.

1. File No. of Orig. Financing Statement 155362	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
2. DEBTOR (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Newmont Gold Company		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 13-2526632	
2B. MAILING ADDRESS One United Bank Center, 1700 Lincoln Street		2C. CITY, STATE Denver CO	2D. ZIP CODE 80203
3. ADDITIONAL DEBTOR (if any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
5. SECURED PARTY NAME First National Bank of Chicago, As Indenture Trustee No. 2 MAILING ADDRESS One First National Plaza, Suite 0126 CITY Chicago STATE IL ZIP CODE 60670		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 36-0899825	
6. ASSIGNEE OF SECURED PARTY (if any) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
7. A. <input checked="" type="checkbox"/> CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be expected in item 8 below. If crops or fixtures, also insert name or record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B. <input type="checkbox"/> RELEASE— From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in item 8 below. Release does not terminate debt.			
C. <input type="checkbox"/> ASSIGNMENT— The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in item 8 below.			
D. <input type="checkbox"/> TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.			
E. <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in item 8 below. Any changes made to items 2 thru 6 above must be made in item 8 below. (Signatures of Debtor(s) and Secured Party(ies) required on all amendments.)			
8.		CSC ID: 44590 NV-Eureka County	

THIS SPACE FOR USE OF FILING OFFICER

9. \_\_\_\_\_ (Date) \_\_\_\_\_ 19 \_\_\_\_\_

Newmont Gold Company

By \_\_\_\_\_ (TITLE)

TYPE NAME(S)

First National Bank of Chicago, As Indenture Trustee No. 2

By Shawn McGrath (TITLE)

SIGNATURE(S) OF SECURED PARTY(IES)

TYPE NAME(S)

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

329 425

CSC United States Corp

173.00 17.00

11. Return Copy to:

\*\*\*PLEASE RETURN TO\*\*\*

NAME ADDRESS CITY, STATE AND ZIP

CSC  
2730 Gateway Oaks Drive, Suite 100  
Sacramento, CA 95833  
Acct. #P6-0000-743-9

Trust Account Number (If Applicable)

YELLOW Alphabetical; PINK-Acknowledgement; GREEN-Secured Party; BLUE-Debtor.  
(Filing Fees: See Instructions)

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  
Hartford, Connecticut 06115

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

Attention: Corporate Trust Services  
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.

*Book 329 page 426*



0213347

# 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.

COPY

*Book 329 Page 427*



0213347

Book 487 06/24/2009  
Page 342 Page 4 of 4