

DOC # 0213348

06/24/2009

03:50 PM

Official Record

Recording requested By
CT LIEN SOLUTIONS

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$60.00

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RPTT:

Recorded By: FES

Book- 0487 Page- 0343



0213348

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 19133501
 P.O. Box 29071 NVNV
 Glendale, CA 91209-9071 FIXTURE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 155363 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
 State Street Bank and Trust Company, as successor to Shawmut Bank Connecticut, National Associatio

OR

6b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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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 OR 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
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Read Instructions on back before filing out form.

Receipt No.

1. File No. of Orig. Financing Statement 155363	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) Shawmut Bank Connecticut National Association (See Schedule A)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS 777 Main Street		2C. CITY, STATE Hartford CT	2D. ZIP CODE 06115
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 The First National Bank of Chicago (See Schedule A) 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.	
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. CONTINUATION - The original Financing Statement 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.			
A. <input checked="" type="checkbox"/> CONTINUATION - The original Financing Statement 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. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.) CSC ID: 44597 NV-Eureka County			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) _____ 19____
Shawmut Bank Connecticut National Association, as Owner Trustee No. _____
By _____ (TITLE)
SIGNATURE(S) OF DEBTOR(S)

TYPE NAME(S)
The First National Bank of Chicago, as Indenture Trustee No. 1
By _____ (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES)
Susan McGrath

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

329 : 422
CSC United States Corp
17.00

11. Return Copy to:

CSC The United States Corporation Company
NAME ADDRESS CITY, STATE AND ZIP Suite 100, 2730 Gateway Oaks Drive Sacramento, CA 95833

Trust Account Number (If Applicable) 173000

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



ACKNOWLEDGEMENT COPY

SCHEDULE A

Debtor:

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. 1, dated as of July 15, 1994, between it and Philip Morris Capital Corporation

777 Main Street
Hartford, Connecticut 06115

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 :

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.

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ACKNOWLEDGEMENT COPY

The record owner of the real estate described in Schedule B is Newmont Gold Company.

COPY

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