		DOC # 0214512	
		01/14/2010 02:35 Official Representation of the control of the co	cord
JCC FINANCING STATEMENT		Eureka County - NV Mike Rebaleati - Recor	
OLLOW INSTRUCTIONS (front and back) CA A. NAME & PHONE OF CONTACT AT FILER [optional]	REFULLY	Fee: \$40.00 Page 1 RPTT: Recorded	of 2
Phone (800) 331	-3282 Fax (818) 662-4141	Book- 497 Page- 0119	-,
. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Add	dress) 17951 FIRST NATIONAL		
CT Lien Solutions	21664140	0214512	
P.O. Box 29071	NVNV		
Glendale, CA 91209-9071	FIXTURE	7 (
		THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FILE # 192870 BK 396 PG 380-381 10/04/04	CC NV Fureire	1b. This FINANCING STATEMENT to be filed (for record) (or record)	
;[REAL ESTATE RECORDS.	
CONTINUATION: Effectiveness of the Financing	Statement identified above is terminated with respect to sec Statement identified above with respect to the security inter		
continued for the additional period provided by applical	ble law.		
	signee in item 7a or 7b and address of assignee in		· · · · · · · · · · · · · · · · · · ·
AMENDMENT (PARTY INFORMATION): This Amer Also check one of the following three boxes and pr		cord. Check only <u>one</u> of these two boxes	
CHANGE name and/or address. Give current record name (if name change) in item 7a or 7b and/or new ad	ame in item 6a or 6b; also give new DELETE nan	ne: Give record name ADD name: Complete item in item 6a or 6b. also complete items	
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME CARRION RONALD A			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
/ /			
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	\ \		
R 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE POSTAL CODE	- COUNTRY
ADD E MI O'NE	OF ORGANIZATION 7f. JURISDICTION OF ORGANI	ZATION 7g. ORGANIZATIONAL ID #. if any	
ORGANIZATION DEBTOR			NONE
AMENDMENT (COLLATERAL CHANGE): check or Describe collateral deleted or added, or give e		ntovalagain and	
added, or give a	Testated constend description, or describe con	ateral assigned.	
\	\wedge		
. \			
	/ /		
\ \			
	/		
NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a "	RIZING THIS AMENDMENT (name of assignor, if this is Termination authorized by a Deblor, check here 🗍 and en	an Assignment). If this is an Amendment authorized by a ter name of DEBTOR authorizing this Amendment,	Debtor which
9a. ORGANIZATION'S NAME FIRST NATIONAL FOLIPMENT FINANCIN	JG, INC (Diversified Financial Services, LLC		-
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Lenceiv
SO, INDIVIDUAL S LAST NAME	FIRST NAME	IMIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA 21664140 Debtor Name: CARRION RONALD A CARRION, RONALD 9800015521370

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

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
192870 BK 396 PG 380-381 10/04/04 CC NV Eureka

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)

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: RONALD A CARRION FAMILY TRUST
Description: THE S 1/2 OF SECTION 11, TOWNSHIP 20 NORTH, RANGE 53 WEST, EUREKA.



0214512 Book 497 01/14/2010 Page 2 of 2