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	C FINANCING STATEMENT AMENDME OW INSTRUCTIONS (front and back) CAREFULLY	NT	Offi Recording DIVERSIFIE Eur	request D FINAN <b>eka C</b> o	al Rec ed By cial Services ounty - NV	LLC
A. N	AME & PHONE OF CONTACT AT FILER [optional]		Mike Red fee \$60 ( RPTT		, <b>i - Record</b> Page 1 Recorded B	of 1
3. S	END ACKNOWLEDGMENT TO: (Name and Address)		<b>Book</b> - 509		_ 0244	
	IRRIGATION FINANCE SOLUTIONS, LLC 14010 FIRST NATIONAL BANK PKWY, STE- OMAHA, NE 68154	400	0215969			
	L	_	THE ABOVE SPA	ce le foi	SEILING OFFICE I	ISE ONLY
	IITIAL FINANCING STATEMENT FILE# 0214991 BK 499 PG 289 EUREKA COUNTY, NV	V 05/12/2010	THE ABOVE SPA	1b. This to be	FINANCING STATEM filed [for record] (or re FSTATE RECORDS	ENT AMENDMENT is ecorded) in the
Ť	TERMINATION: Effectiveness of the Financing Statement identified above			ecured Party	authorizing this Term	ination Statement.
3. L	CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security in	iterest(s) of the Secured F	Party author	izing this Continuation	n Statement is
ī	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in Item 7	c; and also give name of a	ssignor in it	em 9.	1
	MENDMENT (PARTY INFORMATION): This Amendment affects  so check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b; I hame (if name change) in item 7a or 7b and/or new address (if address chan	in items 6 and/or 7. also give new	of record. Check only <u>one</u> name: Give record name eled in item 6a or 6b.	/	o boxes.  o name: Comptete iter 7c; also complete iter	m 7a or 7b, and also ms 7d-7c (if applicab
_	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		$\vee$			
- 1	6b. INDIVIDUAL'S LAST NAME BAILEY	FIRST NAME FRED	$\overline{}$	MIDDLE N	AME	SUFFIX
7. C	HANGED (NEW) OR ADDED INFORMATION:			١		
ſ	7a. ORGANIZATION'S NAME			1		
OR .	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	AME	SUFFIX
c. M	AILING ADDRESS	CITY	1	STATE	POSTAL CODE	COUNTRY
d. T	AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	7f. JURISDICTION OF OR	RGANIZATION	7g. ORGA	NIZATIONAL ID#, if a	Iny No
- 40	MENDMENT (COLLATERAL CHANGE); check only one box. scribe collateral deleted or added, or give entire restated colla	teral description, or describe o	ollateral assigned.	<u> </u>		
DE	BTOR(S): FRED BAILEY, CAROLYN BAILEY		•			
RE	CORD OWNER(S): FRED & CAROLYN BAILEY					
LE	GAL DESCRIPTION: SE1/4 SEC 6 T-21N R-53E,	EUREKA COUNTY	, NV			
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ad	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A discollateral or adds the authorizing Debtor, or if this is a Termination authoriz		or, if this is an Assignment and enter name of DEBT			zed by a Debtor whic
ad [s	ds collateral or adds the authorizing Debtor, or if this is a Termination authorizes. ORGANIZATION'S NAME					zed by a Debtor which
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