	DOC # 0217710				
		Rec	ording re	sial Reguested By	12 PM E cor C
ICC FINANCING STATEMENT AMENDMEN	NT			a County - I	
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	···	Fee RPT	: \$60.00 T:	Recorde	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		800	ok- 517	\ _ \	! (25)
HSBC Bank USA, National Association ATTN: Leslie Juszkiewicz One HSBC Center - 29th fl Buffalo, NY 14203		021	7710		
	_	THE AROVE SPAC	E IS FOR I	ILING OFFICE USE	ONI Y
a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE STA	1b. This Fl	NANCING STATEMENT led [for record] (or record	AMENDMENT is
206751 11/7/06 TERMINATION: Effectiveness of the Financing Statement identified above	in terminated with respect to co	curity interact/s) of the S	✓ REAL	STATE RECORDS.	1
TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.					
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c.	and also give name of a	ssignor in iten	n 9	_
AMENDMENT (PARTY INFORMATION): This Amendment affects D					
Also check one of the following three boxes and provide appropriate information in	7. – 7.	/	/		
CHANCE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give real to be deleted in item Sa	cord name or 6b.	ADD nam	ie. Completeitem 7a or 7b, pleteitems 7e-7g (if applice	, and also item 7¢; able).
CURRENT RECORD INFORMATION					
Royal Gold, Inc. By Individual's last name	FIRST NAME		MIDDLE NA	WE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:					
7a ORGANIZATION'S NAME			The same of the sa		
7 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	/_	MIDDLE NA	ME,	SUFFIX
. MAILING ADDRESS	GITY		STATE F	OSTAL CODE	COUNTRY
SEEINSTRUCTIONS ADD'L INFO RE 7e. : YPE OF ORGANIZATION	/f JURISDICTION OF ORG	SANIZATION	7a. ORGAN	IZATIONAL ID#, if any	
ORGANIZATION DEBTOR			ľ		Пио
AMENDMENT (COLLATERAL CHANGE): check only one box.			<u> </u>		110
Describe collateral deleted or added, or give entire restated collateral	eral description, or describe co	llateral assigned.			
\					
\ / /					
\ / /					
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI					by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a ORGANIZATION'S NAME	id by a Debtor, check here	and enter name of DEB1	UK authorizi	ng this Amendment,	
HSBC Bank USA, National Association 96. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NA	ME	SUFFIX
l .			1		1

740071 Eureka Cty, NV

10.0PTIONAL FILER REFERENCE DATA

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