	:11 PM
Eureka County — A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 62481344 - 336350 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Nevada Eureka THE ABOVE SPACE IS FOR FILING OFFICE I 1a. INITIAL FINANCING STATEMENT FILE # 166767 Bk 307 Pg 530 4/4/1997 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation 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 item 7c; and also give name of assignor in item 9. Secured Party of record. Check only ging of these two boxes.	ecord
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Springfield, IL 62703 Filed In: Nevada Eureka THE ABOVE SPACE IS FOR FILING OFFICE I a. INITIAL FINANCING STATEMENT FILE # 166767 Bk 307 Pg 530 4/4/1997 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Term 5. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Term 6. ASSIGNMENT (full or partiat): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 6. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only ging of these two boxes.	
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CHANGE name and/oraddress: Please refer to the detailed instructions DELETE name: Give record name ADD name: Complete item 7a in regards to changing the name/address of a party. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME	pplicable).
66. INDIVIDUAL'S LAST NAME FIRST NAME Groth, James	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION	<u></u> '
7a, ORGANIZATION'S NAME	
DR	
75. INDIVIDUAL'S LAST NAME MIDDLE NAME	SUFFIX
c. MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if.	_
DEBTOR	NO
8. AMENDMENT (COLLATERAL CHANGE): check onlý <u>one</u> 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 author 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.	rized by a Debtor which
ga. ORGANIZATION'S NAME Nevada State Bank	
OR 96, INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME	

62481344

10. OPTIONAL FILER REFERENCE DATA 0117 - A. Thomas Debtor: James E. Groth