		DOC # 0	Ø8:22 AM
CC FINANCING STATEMENT AMENDMEN	т	Official Recording requested B DIVERSIFIED FINANCIAL Eureka Count Mike Rebaleati	SERVICES
DLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]		Fee: \$50.00	Page 1 of Recorded By:
PAM WALKER 1-800-648-8026			vecarded by. 061
. SEND ACKNOWLEDGMENT TO: (Name and Address)			
IRRIGATION FINANCE SOLUTIONS, LLC 14010 FNB PKWY, SUITE 400 OMAHA, NE 68154		0220641	
			/
	THE ABOV	E SPACE IS FOR FILING OFFICE  1b. This FINANCING STATEM	
a. INITIAL FINANCING STATEMENT FILE # 0209843 EUREKA COUNTY, NV 05/31/2007		to be filed [for record] (or REAL ESTATE RECORD	an electrical and Clare Alban
. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s)	of the Secured Party authorizing this Terr	nination Statement.
. CONTINUATION: Effectiveness of the Financing Statement identified above			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			
AMENDMENT (PARTY INFORMATION): This Amendment affects Det		only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it	DELETE name: Give record name	ADD name: Complete item 7a	or 7b, and also item 7
In regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items 7e-7g (if a	pplicable).
6a. ORGANIZATION'S NAME	——————————————————————————————————————	/	
	\ \		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
SMITH	CRAIG	A :	·
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
7a. ORGANIZATION S NAME			
R 75, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	\ \		
c, MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	1		
d. <u>SEEINSTRUCTIONS</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g, ORGANIZATIONAL ID #, it	
DEBTOR	1 1		1 1
AMENDMENT (COLLATERAL CHANGE): check only one box.	///_		<u>                                     </u>
B. AMENDMENT (COLLATERAL CHANGE): check only and box.  Describe collateral deleted or added, or give entire restated collater  SEE ATTACHED ADDENDUM(S):  B. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	MENDMENT {name of assignor, if this is an A	ssignment). If this is an Amendment auth	orized by a Debtor wh
B. AMENDMENT (COLLATERAL CHANGE): check only and box.  Describe collateral deleted or added, or give entire restated collater  SEE ATTACHED ADDENDUM(S):  B. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized ga. ORGANIZATION'S NAME	MENDMENT {name of assignor, if this is an A	ssignment). If this is an Amendment auth	orized by a Debtor wh
AMENDMENT (COLLATERAL CHANGE): check only and box.  Describe collateral deleted or added, or give entire restated collater  SEE ATTACHED ADDENDUM(S):	MENDMENT {name of assignor, if this is an A	ssignment). If this is an Amendment auth	orized by a Debtor wh

180-0145244-001

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

0209843 EUREKA COUNTY, NV 05/31/2007

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 8 on Amendment form)

12a, ORGANIZATION'S NAME

IRRIGATION FINANCE SOLUTIONS, LLC

OR 12b. INDIVIDUAL'S LAST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**DEBTOR(S): CRAIG A SMITH** 

SHELBA K SMITH

RECORD OWNER(S): CRAIG ALLAN SMITH

SHELBA KAY SMITH

LEGAL DESC.: SW 1/4 SEC 23, T 21N, R 53E,

PARCEL 007-210-006, EUREKA COUNTY, NV



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