007-370-46		DOC # 02	
		06/11/2013 Official Recording requested By	Record
UCC FINANCING STATEMENT AMENDMEN	IT	corporation service co Eureka County	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		Mike Rebaleati — I Fee: \$60.00 Pag	Recorder se 1 of 2
Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			corded By: FES
76573409 - 336350			
Corporation Service Company			
801 Adlai Stevenson Drive		0224433	1102 110 1201
Springfield, IL 62703	(\
Filed In: Nevad		E ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEM to be filed [for record] (or	
190814 8/5/2004 2. X TERMINATION: Effectiveness of the Financing Statement identified above is	s ferminated with respect to security in	REAL ESTATE RECORDS	5.
CONTINUATION: Effectiveness of the Financing Statement identified above is CONTINUATION: Effectiveness of the Financing Statement identified about the financing Statement identified Statement			7
continued for the additional period provided by applicable law.		\ \	
4. ASSIGNMENT (tull or partial): Give name of assignee in item 7a or 7b and a		 	
 AMENDMENT (PARTY INFORMATION): This Amendment affects Department of the following three boxes and provide appropriate information in it 	"\ <u>□</u> "\. '	. Check only <u>one</u> of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record na to be deleted in item 6a or 6b.	me ADD name: Complete item 7a also complete items 7e-7g (if a	or7b, and also item7c;
CURRENT RECORD INFORMATION:	E se delega in licin da a de.	CISCOSII PROPINICIO O FIGURA	ppiroduic),
6a, ORGANIZATION'S NAME	/		
OR 66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Miller	Owen	J	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	/ /		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	\ \		
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZA	ATION 7g. ORGANIZATIONAL ID #, if	any
ORGANIZATION DEBTOR	II. SOKISBICTION OF OKGANIZA	TIGHT TO THE TOTAL TO THE TIE	any □ NONE
B. AMENDMENT (COLLATERAL CHANGE); check only one box.		<u> </u>	NONE
Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral	assigned.	
\ / /			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Deptor, or if this is a Termination authorized		is an Assignment). If this is an Amendment authoring the DEBTOR authorizing this Amendment	
9a, ORGANIZATION'S NAME Nevada State Bank	·		
14C4ada Otato Daliik			
	EIDET MANE	MIDDLE NAME	Fourtry
	FIRST NAME	MIDDLE NAME	SUFFIX

76573409

AME OF PARTY AUTHORIZING THIS AMENDMENT curine as item 8 on Amendment form) Tax ORIGANIZATIONS INAME Level 2 and Level 3 on Amendment form) Tax ORIGANIZATIONS INAME Level 3 and Level 3 on Amendment form) Tax ORIGANIZATIONS INAME Level 3 and Level 3 and	CC FINANCING STATEM DLLOW INSTRUCTIONS (front and bac 1. INITIAL FINANCING STATEMENT F 190814 08/05/2004	k) CAREFULLY			
2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX se this space for additional information THE ABOVE SPACE IS FOR FILING OFFICE USE ONL IN, Diamond Valley, NV APN: 007-370-46	2. NAME OF PARTY AUTHORIZING T	HIS AMENDMENT (seme as ite	m 9 an Amendment form)	\ \	
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, Diamond Valley, NV APN: 007-370-46					
				THE ABOVE SPACE IS FOR FILING OFFICE USE ON	LY.
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