



07-330-09

Eureka County - NV
Mike Rebaleati - Recorder
Fee RPTT Page 1 of 1
Recorded By
Book- 567 Page- 0078

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294

B E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscinfo.com

C SEND ACKNOWLEDGMENT TO (Name and Address)

87970806 - 345860
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In Nevada
(Eureka)



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE NUMBER
0214402 BK 496 PG 0371 01/07/2010

1b This FINANCING STATEMENT AMENDMENT is to be filed [(for record) (or recorded) in the REAL ESTATE RECORDS
Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2 TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3 ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment complete items 7 and 9 and also indicate affected collateral in item 8

4 CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5 PARTY INFORMATION CHANGE

Check one of these two boxes AND Check one of these three boxes to

This Change affects Debtor or Secured Party of record CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c ADD name Complete item 7a or 7b and item 7c DELETE name Give record name to be deleted in item 6a or 6b

6 CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S SURNAME Halpin	FIRST PERSONAL NAME Jayme	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX
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7 CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change provide only one name (7a or 7b) (use exact full name do not omit, modify or abbreviate any part of the Debtor's name)

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S SURNAME Halpin	INDIVIDUAL'S FIRST PERSONAL NAME Stacy	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) Lynn	SUFFIX
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7c MAILING ADDRESS P O Box 996

CITY Eureka	STATE NV	POSTAL CODE 89316	COUNTRY USA
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8 COLLATERAL CHANGE Also check one of these four boxes ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only one name (9a or 9b) (name of Assignor if this is an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor

9a ORGANIZATION'S NAME American Farm Mortgage Company, Inc

OR

9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA Debtor Halpin, Jayme L 87970806