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REQUESTED BY
Wells Fargo Bank
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 FEB -9 AM 8:09

WERNER CHRISTEN
RECORDER

20^{so} PAID *KJ* DEPUTY

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Lydia Tirona 310/335-9448

B. SENDER ACKNOWLEDGMENT TO: (Name and Address)
 Wells FargoBank, N.A.
 Disbursement & Operations Center
 2120 E. Park Place, Suite 100
 El Segundo, CA 90245

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
0553653, Book 1002, Page 00921 Filed 10/02/02 Douglas Co., Nevada

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

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

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is 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 names of assignor in item 9

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in items 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c
 DELETE name: Given record name to be deleted in item 6a or 6b
 ADD name: complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
OR SELMI STORAGE PARTNERS, LLC

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME
OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS
1295 Selmi Drive
CITY: Reno STATE: NV POSTAL CODE: 59512 COUNTRY:

7d. TAX ID #: SSN OR EIN N/A
7e. TYPE OR ORGANIZATION LLC
7f. JURISDICTION OF ORGANIZATION Nevada
7g. ORGANIZATIONAL ID # if any LLC2086-2001 NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one 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 authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
OR Wells Fargo Bank, N.A.
 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
 Loan No. 2978TZF Dated: January 27, 2004

0604048 BK 0204 PG 03007