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REQUESTED BY

U.S.Cov

IN OFFICIAL RECORDS OF
EQUOLAS CO., NEVADA

2004 AUG 23 AM 8: 09

WERNER CHRISTEN RECORDER

\$ 20 PAID KY DEPUTY

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

UCC Filing Desk - (503) 443-1822

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

US Corporate Services

12750 SW Pacific Highway, Suite 201

Tigard, OR 97223

L P 3 900 95

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. I	initial financing statement file # 0480622 BK 1199 PG 2406	11/15/99	to I	is FINANCING STATEMENT A be filed [for record] (or records FAL ESTATE RECORDS.	
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	ecured Pa	arty authorizing this Termination	Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above conlinued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured I	arty auth	norizing this Continuation State	ement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in Item 7c; and also give name of a	ıssignor in	ı item 9.	
	AMENDMENT (PARTY INFORMATION): This Amendment affects Debi Also check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Give current record name in Item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change).	give new DELETE name: Give record name	/A	two boxes. DD name: Complete item 7a oem 7c; also complete items 7d.	
6.	CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME LAKESIDE INN, INC., A NEVADA CORPORA	$\overline{}$			
OR	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	CITY	STATE		COUNTRY
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORG	GANIZATIONAL ID #, if any	NONE
0	AMENDMENT (COLLATERAL CHANGE); shock only one how	/ /			

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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 here and enter name of DEBTOR authorizing this Amendment.										
	9a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION									
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX						

10,0PTIONAL FILER REFERENCE DATA 29-1842815115 #158

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Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 0480622 BK 1199 PG 2406 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a, ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION 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 LEGAL DESCRIPTION APN: PARCEL 1 - APN: A PORTION OF 07-120-02 PARCEL 2 - APN: 07-120-03 PARCEL 3 - APN: A PORTION OF 07-120-14 PARCEL 4 - APN: A PORTION OF 07-120-14 PARCEL 5 - APN: A PORTION OF 07-120-02 PARCEL 6 - APN: 07-120-17 PARCEL 7 - APN: 07-120-15 PARCEL 8 - APN: 07-120-16