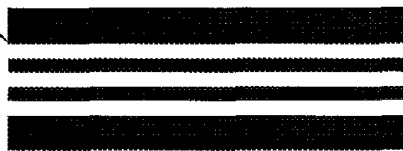


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DOC # 0636157
02/07/2005 10:25 AM Deputy: BC
OFFICIAL RECORD
Requested By:
TIERONE BANK

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Douglas County - NV
Werner Christen - Recorder

Page: 1 of 2 Fee: 20.00
BK-0205 PG- 2196 RPTT: 0.00



A. NAME & PHONE OF CONTACT AT FILER [optional]
VIRGINIA MATTSON (402) 479-0544

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

TierOne Bank
 Credit Administration Dept.
 P.O. Box 83009
 Lincoln, NE 68501-3009

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # Doc #0486895, BK 0200, PG 3949 filed February 25, 2000 Douglas County

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 name 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 item 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: Give 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
The James Michael Hickey Family Trust dated June 7, 1995

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

1700 County Road, Suite A	CITY Minden	STATE NV	POSTAL CODE 89423	COUNTRY USA
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7d. TAX ID #: SSN OR EIN 530-24-8456	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION Trust	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any NONE
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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 here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
TierOne Bank, formerly known as First Federal Lincoln Bank

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
Loan No. 01-10152797

08574

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME The James Michael Hickey Family Trust dated June 7, 1995			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	Hickey	James	M.		
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1700 County Road, Suite A		Minden	NV	89423	USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
8456					<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

Parcel 1: A parcel of land located within a portion of the Southwest 1/4 of the Southeast 1/4 of Section 30, Township 13 North, Range 20 East, M.D.B.&M., more particularly described as follows:
 Parcel 2, 3 and 4, as shown on that certain Parcel Map PM-2011 for Eagle Valley Construction Company, filed for record in the office of the County Recorder, Douglas County, State of Nevada, on November 2, 1995, in Book 1195, Page 248, as Document No. 374040, Official Records.
 Assessor's Parcel No. 1320-30-802-002
 Parcel 2: A blanket easement for ingress, egress and parking facilities over and across Parcel 1, as shown on that certain Parcel Map for Eagle Valley Construction Company, filed for record in the Office of the County Recorder on November 2, 1995, as Document No. 374040, Official Records.
 which has a property address of 1625 Hwy 88, Minden, NV

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction — effective 30 years
- Filed in connection with a Public-Finance Transaction — effective 30 years

