APN	#N/A			1	OFFIC Requ	U66114 0:44 AM Depu CIAL RECOR DESTED BY: ONIAL BANK	ıty: KLJ
FOLLOW	INANCING STATEM INSTRUCTIONS (front and back) & PHONE OF CONTACT AT FILE	CAREFULLY	г		Werner Chi Page: 1 Of	s County - NV cisten - Record 1 Fee: 8945 RPTT:	der 20.00 0.00
	on Rodriguez 702-304-3760						
B. SEND	ACKNOWLEDGMENT TO: (Nam	e and Address)					
	Colonial Bank, N.A. 4670 S. Fort Apache Suite 250 Las Vegas, NV 89147			_			
- I 1	Attn: Alison Rodriguez		ı				
<u> </u>				THE ABOVE S	PACE IS FOR FILING O		_
1a. INITIAL 05264	FINANCING STATEMENT FILE #					STATEMENT AMENDMENT IS ord] (or recorded) in the	
2. TE	RMINATION: Effectiveness of the Fir	nancing Statement identified above is	terminated with respect to	security interest(s) of th			-/
	NTINUATION: Effectiveness of the timed for the additional period provide		with respect to security i	nterest(s) of the Secur	ed Party authorizing this Co	ntinuation Statement Is	$\overline{}$
4. AS	SIGNMENT (full or partial); Give name	ne of assignee in item 7a or 7b and ac	dress of assignee in item	c; and also give name	of assignor in item 9.		` _//
	DMENT (PARTY INFORMATION	·	The state of the s	of record. Check only	one of these two boxes.		-
	eck <u>one</u> of the following three boxes <u>and</u> NGE name and/or address: Give curre		76.	name: Give record ne	me FT ADD name: Com	plete item 7s or 7b, and also	
	NGE name and/or address: Give curre e (If name change) in item 7a or 7b and ENT RECORD INFORMATION:	d/or new address (if address change)	in item 7c. to be de	name: Give record na leted in item 6a or 6b.	item 7c; also com	iplete items 7d-7g (if applicabl	e).
	RGANIZATION'S NAME				/		
	Overland Meat, Seafood, & De	i	The state of the s	\			_
6b. IN	DIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	
7 CHAN	GED (NEW) OR ADDED INFORMAT	TON			1		
	RGANIZATION'S NAME	ION.					_
OR		/		\ <u> </u>			_
7b. IN	DIVIDUAL'S LAST NAME		FIRST NAME	\	MIDDLE NAME	SÚFFIX	
7c. MAILIN	G ADDRESS	1	ату	_	STATE POSTAL CO	DE COUNTRY	
7d. TAX ID	#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	71. JURISDICTION OF O	RGANIZATION	7g. ORGANIZATIONAL	. ID #, if any	 NE
8. AMEN	DMENT (COLLATERAL CHANG				- · · · · · · · · · · · · · · · · · · ·		_
Describe	e collateral deleted or added	, or give entire restated collatera	l description, or describe	collateral assigne	d.		
/ /							
	OF SECURED PARTY OF REC						h
7%	RGANIZATION'S NAME	S. I. WILE S. S. FORTHWARD I GOLD IN THE	, = ====i (0.000 i 1000	The state of pr			
	Colonial Bank, N.A.				<u> </u>		
OR 9b. IN	DIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA

Mark Cohen Dba: Overland Meat, Seafood, & Deli #10013046-01