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				2007 1 OFF 10 Req	07029 1:12 AM D CIAL REC uested By:	eputy: SD ORD
FO A.	CC FINANCING STATEMENT AMENDM PLLOW INSTRUCTIONS (front and back) CAREFULLY APN: 1220. NAME & PHONE OF CONTACT AT FILER [optional] Michelle 775-826-6172	ENT - 21-121-004		CO: Dougla	ATE DEVELO RPORATION as County - 1 risten - Rec 2 Fee	NV order : 20.00
	SEND ACKNOWLEDGMENT TO: (Name and Address) Nevada State Development Corpora 6572 So. McCarran Blvd. Reno, NV 89509	ation	BK-060	7 PG-	3665 RPTT:	0.00
	INITIAL FINANCING STATEMENT FILE # 0426651.1197.3662		THIS A	1b. This	E IS FOR FILING OF FINANCING STATEMEN filed [for record] (or reco ESTATE RECORDS.	T AMENDMENT is
- 2. [TERMINATION: Effectiveness of the Financing Statement identified at	have is terminated with res	nect to security interest(s) of the		-	7.
3.	▼ CONTINUATION: Effectiveness of the Financing Statement identified					
ع. ا	continued for the additional period provided by applicable law. ASSIGNMENT (full or partial); Give name of assignee in item 7a					
_	AMENDMENT (PARTY INFORMATION). This Amendment affects Also check one of the following three boxes and provide appropriate information. CHANGE name and/or address: Give current record name in item 6a or 6th name (if name change) in item 7a or 7b and/or new address (if address change). CURRENT RECORD INFORMATION:	on in items 6 and/or 7.	ecured Party of record. Check of ETE name: Give record name e deleted in item 6a or 6b.		name: Complete item 7a 7c; also complete items i	a or 7b, and also 7d-7g (if applicable).
OR	6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NA		SUFFIX
	Jones	David		R.		
7.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	/ /				
	78. ORGANIZATION'S NAME	/ /	\setminus			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NA	ME	SUFFIX
7c. M	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
70/	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	TION 7F. JURISDICTION	ON OF ORGANIZATION	7g. ORGAN	IIZATIONAL ID#, If any	None
9. N. ad	AMENDMENT (COLLATERAL CHANGE); check only one box. rescribe collateral deleted or added, or give entire restated collate and added, or give entire restated collate. AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME also collateral or adds the authorizing Debtor, or if this is a Termination authorized. ORGANIZATION'S NAME	NDMENT (name of assign	or, if this is an Assignment). If t			ebtor which
	Nevada State Development Corporation		·			
96	INDIVIDUAL'S LAST NAME	FIRST NAME	M	IIDDLE NAMË	Į:	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
SBA# 1037664003 LMS 390
FILING OFFICE COPY— NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98) Anchor Commercial Services (916) 962-7500
(IRV. 07/29/98) Anchor Commercial Services (916) 962-7500

96 INDIVIDUAL'S LAST NAME

FIRST NAME

UCC FINANCING STAT FOLLOW INSTRUCTIONS (front and back)		MENT ADDENDUM	
11. INITIAL FINANCING STATEMENT FILE	(same as item 1a on Amendment	form)	(\
0426651.1197.3662			\ \
12. NAME OF PARTY AUTHORIZING THIS. 12a. ORGANIZATION'S NAME Nevada State Deve	,		
12b. INDIVIDUAL'S LAST NAME 13. Use this space for additional information	FIRST NAME	MIDDLE NAME, SUFFIX	
			THIS ABOVE SPACE IS FOR FILING OFFICE USE ONLY

That certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A Portion of the Northwest ¼ of Section 21, Township 12 North, Range 20 East Further described – as follows:

Parcel 3A, as shown on the Parcel Map for GARY AND JANET PIERCE recorded in the Office of the Recorder Douglas County, State of Nevada on March 3, 1992 in Book 392, Page 189, as Document No. 272384.

APN: 1220-21-101-004

PG- 3666 06/13/2007