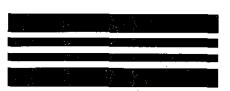
40.00

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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 8281 GREAT BASIN BAN 16531706 **CT Lien Solutions** P.O. Box 29071 **NVNV** Glendale, CA 91209-9071

DOC # U/53512 11/24/2008 03:02 PM Deputy: OFFICIAL RECORD

Requested By: U C C DIRECT

Douglas County - NV Karen Ellison - Recorder

Fee: 1 Of. 1 PG- 4395 RPTT: BK-1108

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	THE ABOV	E SPACE IS FOR FILING OFFICE USE	ONLY
INITIAL FINANCING STATEMENT FILE # 0610949 04/22/04 CC NV Douglas		1b. This FINANCING STATEMENT A to be filed [for record] (or recorded REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is ten	minated with respect to security interest(s) of t	the Secured Party authorizing this Termina	ation Statemen
X CONTINUATION: Effectiveness of the Financing Statement identified above with a continued for the additional period provided by applicable law.	espect to the security interest(s) of the Secure	ed Party authorizing this Continuation Stat	ement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in 7c; and also give	name of assignor in item 9.	1
MENDMENT (PARTY INFORMATION): This Amendment affects Debtor or 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 6b; also give no name (if name change) in item 7a or 7b and/or new address (if address change) in item	in in items 6 and/or 7. BELETE name: Give record nar	/	
URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
The Holder Group Sharkey's LLC	\ /		
5b. INDIVIDUAL'S LAST NAME FIRS	T NAME	MIDDLE NAME	SUFFIX
HANCED (NEW) OR ARRED INFORMATION		<u> </u>	<u> </u>
HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME FIRS	TNAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS CITY	1	STATE POSTAL CODE	COUNTRY
SEE INSTRUCTION ADD'L INFO RE ORGANIZATION 71. JU ORGANIZATION DEBTOR	URISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	Пиол
MENDMENT (COLLATERAL CHANGE): check only one box.		·	
Describe collateral deleted or added, or give entire restated collateral des	scription, or describe collateral assigne	ed. ,	
Il Fixtures; whether any of the foregoing is owned now or acquelating to any of the foregoing; all records of any kind relating including insurance, general intangibles and other accounts procluding insurance.	to any of the foregoing; all prod	itions, replacements, and su ceeds relating to any of the f	bstitution oregoing
	·		
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AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT	(name of assignor, if this is an Assignment).	If this is an Amendment authorized by a De	ebtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Deb 9a. ORGANIZATION'S NAME Great Basin Bank of Nevada	tor, cneck here and enter name of DEBT	OR authorizing this Amendment.	
9b. INDIVIDUAL'S LAST NAME FIRS	T NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA 331706 Debtor Name: The Holder Group Sharkey's LLC 1			<u> </u>