

DOC # 736096
 01/20/2009 02:14PM Deputy: PK
OFFICIAL RECORD
 Requested By:
 WESTERN TITLE INC RIDGE
 Douglas County - NV
 Karen Ellison - Recorder
 Page: 1 of 2 Fee: 40.00
 BK-109 PG-3642 RPTT: 0.00



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
AMY CARAMAZZA 775-588-6164

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Z SERVICING, INC.
 P.O. BOX 11832
 ZEPHYR COVE, NV 89448**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
Doc No. 714906, recorded 12-11-07, Book 1207, Page 2139 - APN 1318-09-810-109

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: Please refer to the detailed instructions in regards to changing the name/address of a party. **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 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION.**

6a. ORGANIZATION'S NAME
LANE FAMILY TRUST

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

CITY	STATE	POSTAL CODE	COUNTRY
ZEPHYR COV	NV	89448	USA

7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

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

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA**

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
714906

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME
RICHARD & CAROL AUSLEN FAMILY TRUST DATED 9/23/91-CAROL
OR
12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME,SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

BACKSTAGE EQUIPMENT, INC, DEFINED BENEFIT PLAN

STANLEY J. LEIKEN, M.D., INC. DEFINED PENSION PLAN

DAVID SCOTT NOBLE AND JENNIFER MARIE NOBLE

PENSCO TRUST COMPANY, INC. CUSTODIAN FBO:MARY C. MILLER IRA#MI1EA

PENSCO TRUST COMPANY, INC. CUSTODIAN FBO:WAYNE SNYDER IRA#SN033

BRUCE E. SARKIN TRUST OF 1997

SWOPE MEDICAL GROUP, INC. PROFIT SHARING 401K PLAN FBO:BRUCE E. SARKIN

KEITH A. AND DANA M. NOVOTNY LIVING TRUST 2000 AGREEMENT



BK-109
PG-3643