ACCOI without therefor sufficie the effe	MMODATION ONLY and tliability for the consideration re, or as to the validity or may of said instrument, or for set of such recording on the the property involved.	01/11/2013 12:47PM OFFICIAL R Requested E Northern Nevada Douglas Cou Karen Ellison	ECORD By: Title CC Inty - NV - Recorder Fee: \$60.00
Jennifer DeVries 404-815-6349 SEND ACKNOWLEDGMENT TO: (Name and Address			MIII
Robert L. Brown c/o Kilpatrick Townsend & Stockton I Two Embarcadero Center 8 th Floor San Francisco, CA 94111	LLP THE ABO	IVE SPACE IS FOR FILING OFFICE USE ONL	
1a. INITIAL FINANCING STATEMENT FILE # 626900 - Book 1004 Page 7191 Date: Oc	1b. 1	This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.	7
2. X TERMINATION: Effectiveness of the Financing Statement	identified above is terminated with respect to security interes	est(s) of the Secured Party authorizing this Termination	Statement.
CONTINUATION: Effectiveness of the Financing Statement i additional period provided by applicable law.	dentified above with respect to security interest(s) of the Se	cured Pany authorizing this Continuation Statement is o	ontinued for the
4. ASSIGNMENT: (full or partial) Give name of essign	ee in item 7s or 7b and address of assignee in Item	7c; and also give name of assignor in item 9.	
CHANGE name and/or address: Please refer to the cinstructions in regards to changing the name/address of CURRENT RECORD INFORMATION: 68. ORGANIZATION'S NAME	detailed	name to ADD name: Complete item 7a o item 7c; also complete items 7d-7g	r / p.; and also (if applicable).
OR HILLVIEW CARSON CITY LLC 8b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		7	
78. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX IDS: SISN OR EIN ADD'NL INFO RE ORGANIZATION DEBTOR	F ORGANIZATION 7f. JURISDICTION OF ORGANIZATE	ON 7g. ORGANIZATIONAL LD.#, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): Check only of Describe collateral [] detated or [] added, or give entire [] rest. 9. NAME of SECURED PARTY of RECORD AUTHORIZING Debtor which adds collateral or adds the authorizing De	isted collateral description, or describe collateral assigne NG THIS AMENDMENT (name of assignor, if this is abtor, or if this is a Termination authorized by a Deb	an Assignment). If this is an Amendment author, chack here and enter name of DEBTOR	
or Association, successor-by-merger to Lat Commercial Mortgage Trust 2004-C8, C	Salle Bank National Association, as Tru	istee, for the Certificatenoiders of LD	-UBS
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Filed with: Douglas County, State of Neva	ada VV2980/ 856656 TATEMENT AMENDMENT (FORM UCC3) (REV. 0		