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Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

				- 08324	
	10/23/2013 10:45 AM Official Records				
LICO FINANCINO OTATELICATA AMENINA	Requested By:				
UCC FINANCING STATEMENT AMENDA FOLLOW INSTRUCTIONS	CT LIEN SOLUTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax; (818) 662-4141		DOUG Kare	LAS CO n Elli	UNTY RECORDERS son – Recorder	
B. E-MAIL CONTACT AT FILER (optional)		Page	e: 1		: \$ 60.00
CLS-CTLS_Glendale_Customer_Service@woltersklu	wer.com	Bk:		Pg: 4441	1001 1001
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1065	66 - PRIME				
CT Lien Solutions	40350935		, ==(=, \=	\ \	Deputy: ar
P.O. Box 29071			Name of the last o	\ \	
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File with: Douglas, NV	لــــ			R FILING OFFICE U	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0732521 BK 1108 PG 761 11/6/2008 CC NV Doug	las	1b. This FINANCING STATES (or recorded) in the REAL Filer: attach Amendment Add	ESTATE	RECORDS	7%
TERMINATION: Effectiveness of the Financing Statement Identification Statement	led above is terminated wit	th respect to the security interest(s)	of Secure	d Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate			ssignor in l	tem 9	
CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law	tifled above with respect to	the security interest(s) of Secured	Party auth	orizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	Observation and the			<u> </u>	
Oncor one or areas the boxes.	Check one of these three bo	address: Complete ADD nam	e: Comple		: Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; and item		and item 7	to be deleted in	Rem da or do
6a, ORGANIZATION'S NAME	i Change - provide only <u>or</u>	RE Haitle (oa Or OD)		_	
			· .		
OR 66. INDIVIDUAL'S SURNAME ALAMILLO	FIRST PERSON	76.	ADDITION	IAL NAME(S)INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party is			-	addi, an al-hammata nay and af th	a Disktor's some)
7a. ORGANIZATION'S NAME	normation Change - provide only	oxie name (7a or 70) (use exact, ioi name).	OC FIOL OFFIC, TH	odity, or above hate any part of the	e Desira a Harrey
~ \		\ \			
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INCOME OF INCOME PERSONNE		/ /			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			<u> </u>	<u> </u>	
8. COLLATERAL CHANGE: Also check one of these four boxe	s: ADD collateral	☐ DELETE collateral ☐ i	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:	h.				
\ \ \					
					•
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here	THIS AMENDMENT:		ame of Ass	signor, if this is an Assigno	ment)
9a, ORGANIZATION'S NAME	e a control				
Prime Acceptance Corp.					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(\$)	SUFFIX
10 OPTIONAL FILER REFERENCE DATA: Dalata Name	WILD PARIOUS :	<u> </u>	<u> </u>		
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: ALAM	IILLU, ENKIQUE A				

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620110295

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)



BK + 10 13 PG + 4442 10/23/20 13

FOLLOW INSTRUCTIONS	MENUMENT ADDENDUM	^
11. INITIAL FINANCING STATEMENT FILE NUMBER: San	1	
0732521 BK 1108 PG 761 11/6/2008 CC	\ \	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT	T: Same as item 9 on Amendment form	\ \
- 128. ORGANIZATION'S NAME		\ \
Prime Acceptance Corp.		\ \
	•	\ \
OR 43 BIDDER BUILDING		
12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
 Name of DEBTOR on related financing statement (Nam one Debtor name (13a or 13b) (use exact, full name; d 	ne of a current Debtor of record required for indexing to not omit, modify, or abbreviate any part of the Deb	purposes only in some filing offices - see Instruction item 13); Provide only nor's name); see Instructions if name does not fit
13a. ORGANIZATION'S NAME		
OR 13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S) SUFFIX
ALAMILLO	ENRIQUE	/ A
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	1	_/_/
,		V /
15. This FINANCING STATEMENT AMENDMENT:	17. Descrip	ption of real estate:
covers timber to be out covers as-extracted 16. Name and address of a RECORD OWNER of real esta (if Debtor does not have a record interest):	ate described in Item 17 THERECOF DOL 2004, IN	N BLOCK A OF CHICHESTER ESTATES PHASE 13, FINAL PISION MAP #1006-13, ACCORDING TO THE MAP OF, FILED IN THE OFFICE OF THE COUNTY RECORDER PIGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 4, BOOK 1004, PAGE 1052, AS DOCUMENT NO. 625784.
18. MISCELLANEOUS: 40350935-NV-5 10656 - PRIME ACC	EPTANCE COR Prime Acceptance Com	File with: Druidlas, NV 620110295