

|  |   | Doc Number: 0845970 07/11/2014 09:27 AM OFFICIAL RECORDS Requested By SOUTHWEST GAS CORP |                                      |  |   |
|--|---|--|--------------------------------------|--|---|
| UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS  | MENT  | D<br>K   | OUGLAS (                             | COUNTY RECORDERS   |   |
| A. NAME & PHONE OF CONTACT AT FILER (optional)  Diane Truex 702-876-7013  B. E-MAIL CONTACT AT FILER (optional)  diane.truex@swgas.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)            |   | В  | k: 071                               | 1 0f 1 Fe<br>4 Pg: 2086  | e: \$ 60.0  |
| Southwest Gas Corporation Payroll Department (LVC-390) P O Box 98510 Las Vegas, NV 89193-8510  |   |  |                                      |  |   |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER  | 1b.[  | This FINANCING STAT  | MENT AME                             | R FILING OFFICE USE ON NOMENT is to be filed [for its company in the company in t |   |
| 390587  2. TERMINATION: Effectiveness of the Financing Statement identity  | tified above is terminated with a   |  | ddendum (Fon                         | m UCC3Ad) <u>and</u> provide Debto   |   |
| Statement  | /_/_  |  |                                      |  | - Continue of the Continue of |
| ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate   |   | ignee in item 7c <u>and</u> name   | of Assignor                          | ın item 9  |   |
| CONTINUATION: Effectiveness of the Financing Statement ide<br>continued for the additional period provided by applicable law   | entified above with respect to ti   | e security interest(s) of Se   | cured Party                          | authorizing this Continuation  | n Statement is  |
| PARTY INFORMATION CHANGE:  Check one of these two boxes:  This Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party Information: ORGANIZATION'S NAME | Check one of these three boxes CHANGE name and/or addre item 6a or 6b; and item 7a or ation Change - provide only one | ss: Complete<br>7b <u>and</u> item 7c 7a or 7  | ame: Comple<br>b, <u>and</u> item 7d | be item DELETE name: 0 to be deleted in it   | Sive record name<br>em 6a or 6b   |
| OR 6b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL I  |  |                                      | VAL NAME(S)/INITIAL(S)   | SUFFIX  |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P.  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME  | erty information Change - provide only o  | ng name (7a or 7b) (use exact, full  | name; do not on                      | nt, modify, or abbreviate any part of  | the Debtor's name)  |
| INDIVIDUAL'S FIRST PERSONAL NAME   |   | <del></del>  |                                      | "  |   |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |   | <del>/ -</del>   |                                      |  | SUFFIX  |
| 7c MAILING ADDRESS   | CITY  |  | STATE                                | POSTAL CODE  | COUNTRY   |
| 8. COLLATERAL CHANGE. Also check one of these four boxes: Indicate collateral.   | ADD collateral  | DELETE collateral  | RESTATE O                            | overed collateral A  | SSIGN collateral  |
| A MANE OF CHUIDED DADTY DECORD   |   |  |                                      | 400  |   |
|  | S THIS AMENDMENT: Provided provide name of authorizing De   |  | (name of Ass                         | aignor, if this is an Assignmen  | nt)   |
|  |   |  |                                      | ignor, if this is an Assignmen   | TSUFFIX   |