



Escrow No:
01404800-00

DOUGLAS COUNTY, NV **2015-862086**
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TICOR TITLE - RENO (COMMERCIAL)
KAREN ELLISON, RECORDER

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY APN: 1320-07-801-011

A NAME & PHONE OF CONTACT AT FILER [optional]
Michelle Buck 775-770-1204

B SEND ACKNOWLEDGMENT TO: (Name and Address)

**Nevada State Development Corporation
6572 So. McCarran Blvd.
Reno, NV 89509**

THIS ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE #
794697

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 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 7d.

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. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. 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 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION

6a ORGANIZATION'S NAME
Ray-Matt, LLC – Debtor

OR

6b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d TAX ID #, SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 7e TYPE OF ORGANIZATION 7f JURISDICTION OF ORGANIZATION 7g ORGANIZATIONAL ID #. If any 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
U.S. Small Business Administration

OR

9b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
4892965000

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

U.S. Small Business Administration

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME SUFFIX

13. Use this space for additional information

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