	DOUGLAS COUNTY, NV 2022-980	656
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	FIRST CORPORATE SOLUTIONS INC.	
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS APN: 1220-03-111-02	KAREN ELLISON, RECORDER	
A. NAME & PHONE OF CONTACT AT FILER (optional)	7	
ONLINE DEPT 888-507-4593  B. E-MAIL CONTACT AT FILER (optional)	\ \	
B. E-WAIL CONTACT AT FILER (Optional)	\ \	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	\ \	
FIRST CORPORATE SOLUTIONS INC.	\ \	
'914 S STREET		
SACRAMENTO CA 95811		
UCC3-283547.1.1 DOUGLAS COUNTY, NV		
<u>loc</u> C3-283347.1.1 DOUGLAS COUNTT, <u>N</u>	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. X This FINANCING STATEMENT AMENDMENT is to be filed [for record (or recorded) in the REAL ESTATE RECORDS	<b>%</b> .
2018-911169 3/6/2018	Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's nar	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated Statement	with respect to the security interest(s) of Secured Party authorizing this Term	ination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in item		$\overline{}$
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect continued for the additional period provided by applicable law	ct to the security interest(s) of Secured Party authorizing this Continuation Sta	tement is
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes:  AND Check one of these three charges and/or CHANGE name and/or		ecord name
This Change affects Debtor or Secured Party of record item 6a or 6b; and item	7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a	or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only     6a. ORGANIZATION'S NAME	r <u>one</u> name (6a or 6b)	
6b. INDIVIDUAL'S SURNAME FIRST PERSO	NAL NAME ADDITIONAL NAME(S)/INITIAL(S) SU	FFIX
KIMBRELL SALLY	A	
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provided Ta. ORGANIZATION'S NAME</li> </ol>	ronly <u>one</u> name ( <i>r</i> a or <i>r</i> b) (use exact, itili name, do not onlit, modily, or abbreviate any part of the De	Asses seess
	/ /	btor's name)
OB	\ \ \	btor's name)
OR 7b. INDIVIDUAL'S SURNAME	<del>\ \ \                                </del>	btor's name)
OR 7b. INDIVIDUAL'S SURNAME		btor's name)
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OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		FFIX
OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME		
OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY	STATE POSTAL CODE CO	FFIX
OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	STATE POSTAL CODE CO	FFIX
OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL CODE CO	FFIX
OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL CODE CO	FFIX
OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL CODE CO	FFIX
OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL CODE CO	FFIX
OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	STATE POSTAL CODE CO	FFIX
OR   Tb. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   Tc. MAILING ADDRESS	STATE POSTAL CODE CO	FFIX
OR   Tb. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   7c. MAILING ADDRESS	STATE POSTAL CODE CO  DELETE collateral RESTATE covered collateral ASSIG  Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	FFIX
OR   Tb. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   Tc. MAILING ADDRESS	STATE POSTAL CODE CO  DELETE collateral RESTATE covered collateral ASSIG  Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	FFIX
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OR  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized 9a. ORGANIZATION'S NAME  TECHNOLOGY CREDIT UNION	STATE POSTAL CODE CO  DELETE collateral RESTATE covered collateral ASSIG  Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) ing Debtor	FFIX JUNTRY N collateral

UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT ADDENDUM	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a 2018-911169 3/6/2018	on Amendment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as iter	m 9 on Amendment form	\ \
12a. ORGANIZATION'S NAME		\ \
TECHNOLOGY CREDIT UNION OR 12b. INDIVIDUAL'S SURNAME		
120. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing statement (Name of a current one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or a		
13a. ORGANIZATION'S NAME		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
KIMBRELL	SALLY	/ /
15. This FINANCING STATEMENT AMENDMENT:	17. Description	on of real estate:
covers timber to be cut covers as-extracted collateral X is fil 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	led as a fixture filing	

18. MISCELLANEOUS: