

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lincoln County Courthouse
 Attn: Doug Carriger, County Manager
 1 South Main Street
 Pioche, NV 89043

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
 2027

REAL ESTATE RECORDS

2. TERMINATION. Effectiveness of the Financing Statement identified above is terminated with respect to security interests of the Secured Party authorizing this Termination Statement.

3. CONTINUATION. Effectiveness of the Financing Statement identified above with respect to security interests of the Secured Party authorizing this Continuation Statement is 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 9.

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 Juran & Moody Capital Corporation

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. ORGANIZATION'S IDENTIFICATION NUMBER** _____

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. Bank National Association c/o First Trust National Association *Kith R. Marshall 9/6/02*

OR

9b. INDIVIDUAL'S LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____ **SUFFIX** _____

10. OPTIONAL FILER REFERENCE DATA

COPY

118816

FILED FOR RECORDING
AT THE REQUEST OF
First American Title
2002 SEP 11 PM 4 31
LINCOLN COUNTY RECORDED
FEE 15.00
LESLIE BOUCHER DEPT-115