

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)		Trust Acct. #
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		
COMMUNITY BANK OF NEVADA 7676 W. LAKE MEAD BLVD. LAS VEGAS, NV 89128		
ATTN: NOTE DEPT.		

FILED FOR RECORDING
 AT THE REQUEST OF
 Community Bank
 2002 DEC 20 PM 9 09
 LINCOLN COUNTY RECORDER
 FEE \$20.00
 LESLIE BOUGHEN
 DEP. CLERK

119234

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 a. INITIAL FINANCING STATEMENT FILER RECORDED ON JUNE 20, 2001 INST: 116493 UCC#2090		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.			
4. <input type="checkbox"/> ASSIGNMENT (in whole or in part): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> 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: <input type="checkbox"/> CHANGE name and/or address: Give current 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. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> 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 MWG, LLC			
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 1201 S. JONES BLVD. #101		CITY LAS VEGAS	STATE POSTAL CODE COUNTRY NV 89146
7d. TAX ID #: SSN OR EIN 88-1465177	ADDITIONAL INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
7g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> 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 COMMUNITY BANK OF NEVADA, 1400 S RAINBOW BLVD., LAS VEGAS, NV 89146			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
NOTE #9011012084