

119500

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) FILER ACCT. #
 MONA WELLS. (208) 593-4377

B. SEND ACKNOWLEDGMENT TO: (Name and Address)
 WELLS FARGO BANK NORTHWEST NATIONAL ASSOCIATION
 ATTN: COLLATERAL MONITORING
 P.O. BOX 8203, MAC #U1851-015
 BOISE, ID 83707-2203

FILED FOR RECORDING
 AT THE REQUEST OF
 Wells Fargo Bank
 FEB 19 AM 10 19
 FEB 20 2008
 LEEBIE BOURNER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILED 2006 FILED ON 5/29/98

2. TERMINATION: Effectiveness of the Financing Statement shall expire if registered with respect to security interests of the Secured Party expiring this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement shall expire with respect to security interests of the Secured Party outstanding this Continuation Statement as determined by the expiration period provided by applicable law.

4. ASSIGNMENT: Act or event: Give name of assignor in item 7a or 7b and assignee in item 7c and also give name of assignee in item 8.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor OR Secured Party of record. Check only one of these two boxes.

See (1)(b)(2)(3) of the following three codes and provide additional information in items 6 through 7.

CHANGE name under address. Give current record name in item 6a or 6b and give new name of same character in item 7a or 7b and/or new address if adding a change in item 7c. DELETE name. Give record name in item 7a or 7b and complete item 7c. ADD name. Complete item 7a or 7b and give name in item 7c and complete item 7a or 7b of address.

6. CURRENT RECORD INFORMATION:

7a. ORGANIZATION'S NAME
 JOHN LHALDE & CO.

OR

7b. 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 ADDL INFO RE ORGANIZATION DEBTOR TYPE OF ORGANIZATION JURISDICTION OF ORGANIZATION ORGANIZATIONAL ID # if any

8. AMENDMENT (COLLATERAL CHANGE) (REV. 07/1/01)

Describe collateral deleted or added or give name 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 authorized Debtor or if this is a Termination authorized by a Debtor, check here) and enter name of DEBTOR authorizing the Amendment

9a. ORGANIZATION'S NAME FIRST SECURITY BANK, N.A.

OR

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

10. OPTIONAL FILER REFERENCE DATA (DEBTOR) JOHN LHALDE & CO.