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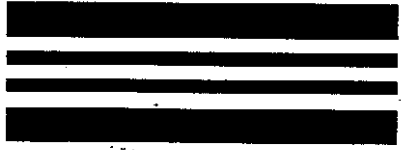
FILED FOR RECORDING
AT THE REQUEST OF

Zions Bank

2004 MAY 11 PM 2 15

LINCOLN COUNTY RECORDED
LINCOLN COUNTY RECORDED
FEE 40.00

LESLIE BOUCHER
LESLIE BOUCHER



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) DEE HEDSTROM (801) - 344 - 5206	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<input type="checkbox"/> ZIONS FIRST NATIONAL BANK PO BOX 1507 SALT LAKE CITY, UTAH 84110	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 116695	03-23-01	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
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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 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

OR

6b. INDIVIDUAL'S LAST NAME THOMPSON JR	FIRST NAME STANLEY	MIDDLE NAME	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #: SSN OR EIN 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
ZIONS FIRST NATIONAL BANK

OR

9b. INDIVIDUAL'S LAST NAME HEDSTROM	FIRST NAME DEE	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA
LOAN # 69-000-400557

Date stamped by Julian Code:
 EXAMPLE: 91 182 08 1A01
 91: Year
 182: Number of days counted from Jan. 1
 08: Time of day files (9:00 am)
 1A01: Microfiche number

(The document number consists of all 11 digits)

690004005557
 Data Image

MAR 27 2001
 COKEVILLE
 ACCOUNT
 SOCIAL SECURITY # of
 EMPLOYER ID #
 RA. KING

PLEASE TYPE THE INFORMATION ON THIS FORM ACCORDING TO ALL INSTRUCTIONS PRINTED ON THE BACK OF THE UCC1 FORM

Debtor Name
 1. THOMPSON JR, STANLEY
 2.
 3.
 4.
 Mailing Address
 610 E MAIN
 COKEVILLE, WY 83114

Secured Party and Address
 ZIONS FIRST NATIONAL BANK
 125 NORTH MAIN
 RANDOLPH, UT 84084

Assignee of Secured Party and Address

RECEIVED
 Willele 95
 MAR 23 2001

This Financing Statement covers the following (types for items) of property: Describe real estate; if collateral is crops, the above described crops are to be grown on OR if collateral is goods which are or are to become fixtures, the above goods are affixed or to be affixed to:

LINCOLN COUNTY CLERK

2000 SKI DOO 800 HIGHMAKR (Serial Number 2BPS186731V000228); whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

CHECK (X) IF ALSO COVERED: PROCEEDS OF COLLATERAL PRODUCTS OF COLLATERAL ATTACHMENTS
 Pay proceeds to debtor and secured party unless otherwise checked Secured Party Only Debtor Only

Only use the following spaces for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS) filing in accordance with the Food Security Act of 1985

FARM PRODUCT	CODE	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY

Filed with the Secretary of State as UCC 1 EFS BOTH
 Stanley Thompson Jr
 Signature(s) of Debtor(s)

Dennis G. Hutchinson
 Signature of Secured Party

FOR TERMINATION ONLY:
 To use Acknowledgment Copy as a Termination Statement, Secured Party must date and sign below:
 Termination Statement dated _____ Signed _____
 Signature of Secured Party

State of Wyoming Financing Statement-Approved Standard Form
 Secretary of State, The Capitol, Cheyenne, WY 82002 (307) 777-5372

WYO UCC1 Form
 Revised 2/98

ORIGINAL-COUNTY CLERK

BOOK 138 PAGE 160