				D(OC # 01354				
					2/1//2010	ı2 AM ≥cord			
				Recordi CT LIEN	ng requested By SOLUTIONS				
U	CC FINANCING STATEMENT AMEN	NDMENT	ı	ل دفاحما	incoln County – e Boucher – F	NV Recorder			
FO	LLOW INSTRUCTIONS (front and back) CAREFULLY	n	Fee \$4		of 2				
	NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 f		RPTT: Book~	//\	d by HL				
В. 5	SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 2354								
1	CT Lien Solutions 21	0135410							
-	P.O. Box 29071	/NV	\ \						
	Glendale, CA 9 1209-907 1	XTURE							
		ATURE _	THE ABOV	Æ ODACE	IS FOR FILING OFFICE USE O	NAME OF			
	INITIAL FINANCING STATEMENT FILE #		THE ABOU	lb. Th	is FINANCING STATEMENT At be filed [for record] (or recorded	MENDMENT is			
	116534 06/27/01 CC NV Lincoln				EAL ESTATE RECORDS.	Yar tile			
2. 3.	TERMINATION: Effectiveness of the Financing Statement ider CONTINUATION: Effectiveness of the Financing Statement ider								
3 .	continued for the additional period provided by applicable law.	Milled Boove Will Tespect to t	ne secondy wheresits, or the occur	su i any an	MICHAELING WINS CONTRIBUTION CONTRIBUTION	SI POLICE			
4. X ASSIGNMENT (FULL or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.									
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deblor 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 name (if name change) in item 7a or 7b and/or new address (if addre	or 6b; also give new	DELETE name: Give record name to be deleted in item 6a or 6b.	me 🗌	ADD name: Complete item 7a e item 7c; also complete items 7c				
	URRENT RECORD INFORMATION:		//						
	6a. ORGANIZATION'S NAME		\						
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	_//	MIDDLE	NAME	SUFFIX			
			\ \			<u> </u>			
7. C	7. CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]								
OR	Berkadia Commercial Mortgage LLC			>		•			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	,	MIDDLE	NAME	SUFFIX			
	MAILING ADDRESS	CITY	1	STATE	1	COUNTRY			
	8 Welsh Road SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZ	Horsham	ON OF ORGANIZATION	PA 70 ORG	19044 ANIZATIONAL ID #, if any				
	ORGANIZATION DEBTOR	71. SURGODICTE	SK SI SKOMENION	rg. Orto.	The state of the s	NONE			
	MENDMENT (COLLATERAL CHANGE): check only one bo		or describe collateral assigne						
7	rescribe collateral deleted of added, of give stitute resta	teo conateral description,	or describe conateral assigne	au.					
1									
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								
OR	GMAC COMMERCIAL MORTGAGE	1		I.a					
	96. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX			

10. OPTIONAL FILER REFERENCE DATA
21896379 Debtor Name: CALIENTE ASSOCIATES, A NEVADA LIMITED PARTNERSHIP A 101071805

UC FOI	C FINANCING	G STATEME TIONS (front and	NT AMENDMEI d back) CAREFULLY	NT ADDENDUM					
11.1	11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)								
116	6534 06/27/01	CC NV Line	oln						
12. N	12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as Item 9 on Amendment form)								
	12a. ORGANIZATION'S NAME GMAC COMMERCIAL MORTGAGE								
OR	12b. INDIVIDUAL'S LA	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
13.1	Use this space for a	additional informa	ation						

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: PROPERTY ADDRESS: 150, MINNIE STREET, CALIENTE, NV TAX PARCEL #: 00305303 LEGAL DESCRIPTION LOTS TWO (2) AND THREE (3) IN BLOCK FORTY-SIX (46) OF NORTHSIDE ADDITION IN THE CITY OF CALIENTE LINCOLN COUNTY, NEVADA

