

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                                                     |  |
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| <b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b><br>CSC Diligenz, Inc. 1-800-858-5294                                                                                                      |  |
| <b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b><br><br>33493601<br>CSC Diligenz, Inc.<br>6500 Harbour Heights Pkwy, Suite 400<br>Mukilteo, WA 98275<br><br><div>Filed In: Alabama Shelby</div> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE #<br>20050707000340200 7/7/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |                                                                                                      |
| 2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> 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"/> <b>CONTINUATION:</b> 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"/> <b>ASSIGNMENT</b> (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. <b>AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> <b>CHANGE</b> name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                   |                                                                                                                                                     |                                                                                                      |
| 6. <b>CURRENT RECORD INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                     |                                                                                                      |
| 6a. ORGANIZATION'S NAME<br>Taco Minerals, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                     |                                                                                                      |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                                                                                                                          | MIDDLE NAME<br>SUFFIX                                                                                |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                     |                                                                                                      |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                     |                                                                                                      |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7b. INDIVIDUAL'S LAST NAME        | FIRST NAME                                                                                                                                          | MIDDLE NAME<br>SUFFIX                                                                                |
| 7c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | CITY                                                                                                                                                | STATE<br>POSTAL CODE<br>COUNTRY                                                                      |
| 7d. <b>SEE INSTRUCTIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION                                                                                                                            | 7f. JURISDICTION OF ORGANIZATION<br>7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box.<br>Describe collateral <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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                     |                                                                                                      |

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| 9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> (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 <input checked="" type="checkbox"/> and enter name of <b>DEBTOR</b> authorizing this Amendment. |                            |            |                       |
| 9a. ORGANIZATION'S NAME<br>Taco Minerals, LLC                                                                                                                                                                                                                                                                                                                                          |                            |            |                       |
| OR                                                                                                                                                                                                                                                                                                                                                                                     | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME<br>SUFFIX |
| 10. <b>OPTIONAL FILER REFERENCE DATA</b><br>CapitalPartners Leasing, Inc. - Shelby County, Alabama<br>33493601                                                                                                                                                                                                                                                                         |                            |            |                       |