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			626757 FIXT	URE FILING			
OO FINANCINO STAT	CACAIT	:	BOOK 721 PAGE 0371 RECORDED 11/20/2008 AT 08:50 AM AUDREY KOLTISKA, SHERIDAN COUNTY CLERK				
ICC FINANCING STATI							
A. NAME & PHONE OF CONTACT A	000000000000000000000000000000000000000	***************************************	AUDREY KOL	TISKA, SHE	RIDAN COUNTY C	LERN	
Janette Richards 307-672-1						•	
3. SEND ACKNOWLEDGMENT TO:	(Name and Address)						
							
First Interstate Bank		. 1					
Commercial Departm							
PO Box 2007	•	' '					
Sheridan, WY 82801							
		i					
<u>L</u>							
000 30000000000000000000000000000000000	.00000000000000000000000000000000000000			PACE IS FO	R FILING OFFICE US	E ONLY	
DEBTOR'S EXACT FULL LEGAL 1a. ORGANIZATION'S NAME	NAME - insert only one debtor name	ne (1a or 1b) - do not abbreviate	or combine names	***	.,,,,		
Sugarland Enterprises, It	ne						
OR 15. INDIVIDUAL'S LAST NAME		FIRST NAME	***************************************	MIDDLE	IANE	Teurniy	
10. Morridone d'End Marine		THO HAME		WILDDE I	AME	SUFFIX	
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
PO Box 7279		Sheridan		WY	82801	USA	
d. TAX ID #: SSN OR EIN ADD'L INF	FO RE 1e. TYPE OF ORGANIZATION		ORGANIZATION	1	NIZATIONAL ID #, if any	ODA	
ORGANIZ DEBTOR	ATION Componetion	WY		1 -	-000162052	П.	
. ADDITIONAL DEBTOR'S EXACT	56565060000000000000000000000000000000	v one debtor name (2a or 2h) - d	lo not abbreviate or combi	ne names	**************************************	NC	
2a. ORGANIZATION'S NAME	TO CE CE ON TE TO THE MINISTER OF THE PERSON	<u> </u>	TO HOL BUDIEVIALE OF COMBI	ne names			
DR 25. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
26. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
25. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE I	POSTAL CODE	SUFFIX	
26. MAILING ADDRESS		CITY					
ic. MAILING ADDRESS Id. TAX ID #: SSN OR EIN ADD'L INF	FO RE 2e. TYPE OF ORGANIZATION	CITY	FORGANIZATION	STATE			
c. MAILING ADDRESS	ZATION '	CITY	F ORGANIZATION	STATE	POSTAL CODE		
26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN ADD'L INF ORGANIZ DEBTOR 3. SECURED PARTY'S NAME (or	ZATION '	CITY ON 21. JURISDICTION OF		STATE 2g. ORG/	POSTAL CODE	COUNTRY	
26. INDIVIDUALS LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN ADD'L INF ORGANIZ DEBTOR 3. SECURED PARTY'S NAME (or 33. ORGANIZATION'S NAME	ZATION '	CITY ON 21. JURISDICTION OF		STATE 2g. ORG/	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN ORGANIZ ORGANIZ ORGANIZ ORGANIZORO NAME (or 3a. ORGANIZATION'S NAME First Interstate Bank	ZATION '	ON 2f. JURISDICTION OF		STATE 2g. ORG/	POSTAL CODE NIZATIONAL ID #, if any	COUNTRY	
2d. TAX ID #: SSN OR EIN ADD'L INFORGANZ DEBTOR 3. SECURED PARTY'S NAME (or 3a. ORGANIZATION'S NAME	ZATION '	CITY ON 21. JURISDICTION OF		STATE 2g. ORG/	POSTAL CODE NIZATIONAL ID #, if any	COUNTRY	
26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID#: SSN OR EIN ADD'L INFORGANIZ DEBTOR 38. SECURED PARTY'S NAME (or 38. ORGANIZATION'S NAME First Interstate Bank 36. INDIVIDUAL'S LAST NAME	ZATION '	ON 21. JURISDICTION OF SIGNOR S/P) - insert only one se		2g. ORGA	POSTAL CODE NIZATIONAL ID #, if any	COUNTRY	
d. TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR B. SECURED PARTY'S NAME (or 3a. ORGANIZATION'S NAME First Interstate Bank	ZATION '	ON 2f. JURISDICTION OF		STATE 2g. ORG/	POSTAL CODE NIZATIONAL ID #, if any	COUNTRY	

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING
6. In this FINANCING STATEMENT is to be filed [for record] for record of in the REAL ff. Check to REQUEST SEARCH REPORT(S) on Debtor(s) footional flee reference DATA

8. OPTIONAL FILER REFERENCE DATA

	C FINANCING				IDUM					
	AME OF FIRST DEBTO				ICINIC STAT	FMENT				
	9a. ORGANIZATION'S NAM	Ε		TED THEAT	OINGOIA	CMEN				
OR	Sugarland Enterprises, Inc.									
OK	9b. INDIVIDUAL'S LAST NA	ME	FIRST	NAME		MIDDLE NAME, SUFFIX				
10.1	MISCELLANEOUS:				***************************************					
00000000		000000000000000000000000000000000000000	ADDRESS OF THE PROPERTY OF THE		200900000000000000000000000000000000000	***************************************	THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
11.	ADDITIONAL DEBTOR 11a. ORGANIZATION'S NAM	'S EXACT FU	LL LEGAL	NAME - ins	ert only <u>one</u> n	ame (11a or 11b) - do not abbrev	iate or combine name	s		
										٠
OR	11b. INDIVIDUAL'S LAST NA	AME.		 		FIRST NAME		MIDDLE	NAME	SUFFIX
										100/1/2
11c.	MAILING ADDRESS					CITY		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	11e. TYP	E OF ORGAN	IZATION	11f. JURISDICTION OF ORGAN	IZATION	11g. OR	SANIZATIONAL ID#, if a	any
<u>-</u>		DEBTOR			M3/4000000000000000000000000000000000000		***************************************	1	National Control of the Control of t	NONE
12.	ADDITIONAL SECU		Y'S˙ _{ΩΓ}	ASSIGN	IOR S/P'S	NAME - insert only one name	(12a or 12b)			
OR	12b. INDIVIDUAL'S LAST N	AME			***************************************	FIRST NAME		MIDDLE	NAME	SUFFIX
									-	John M.
12¢.	MAILING ADDRESS	***************************************				CITY		STATE	POSTAL CODE	COUNTRY
100000000	00000000000000000000000000000000000000	Nama	-							
	This FINANCING STATEME		timber to be	cut or a	s-extracted	16. Additional collateral descrip	ption:	100000000000000000000000000000000000000	**************************************	104500000000000000000000000000000000000
	collateral, or is filed as a Description of real estate.	fixture filing.								
Lo	3, Block 2, of the	Replat of S	ugarlan	d South.	A					
sub	division in Sherida ok 1 of Plats, Page	n County,	Wyomir	ig, as rec	orded in					3
טם	ok i oi riais, rage	321.								
		,								
 Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest); 										
	,									
							***************************************	maanoaaaa	-	-
				17. Check only if applicable and check only one box. Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.						
				Filed in connection with a		Fransaction	1 — effective 30 vears			
						Filed in connection with a F			•	
FIL	ING OFFICE COPY —	NATIONAL U	ICC FINAL	NCING STA	TEMENT	ADDENDUM (FORM UCC	1Ad) (REV: 07/29	/98)		955900 Thursdoon properties and according

FILING OFFICE COPT — NATIONAL OCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/9