This STATEMENT	is presented for filing purs	uant to the Nevada U	niform Comme	ercial Code	
	ATE OF FILING OF ORIG. FINANCING TATEMENT 0-19-72	1B. DATE OF ORIG. FINANCE 10-17-72	ING STATEMENT	1C. PLACE OF FILING ORIGE STATEMENT Minden, Never 2A. SOCIAL SECURITY OR F	ada
				88 - 080637	EDERAL TAX NO.
Kingsbury Water Corporation		2C. CITY, STATE	<u></u>		2D. ZIP CODE
P.O. Box U		Stateline,	Nevada	\ \	89449
ADDITIONAL DEBTOR (IF ANY) (LAST NAME	ME FIRST)	3.4.3	. 101444	3A. SOCIAL SECURITY OR F	
MAILING ADDRESS		3C. CITY STATE	Ξ.	1	3D. ZIP CODE
SECURED PARTY				4A. SOCIAL SECURITY NO	
NAME First National Bank of				_	
MAILING ADDRESS P.O. Box 13		-	00440	04 70 /1010	
CITY Stateline SSIGNEE OF SECURED PARTY (IF ANY)		vada zip co	ре 89449	94-78/1212 5A. SOCIAL SECURITY NO.	EED TAY NO
			_	OR BANK TRANSIT AND	
NAME MAILING ADDRESS					1
CITY	STATE	ZIP CO	DE	/	1
is continued. If collateral is crops ing or to be grown or to which aft record owner of real estate. RELEASE—From the collateral desc	fixed or to be affixed or from w	hich to be extracted in Ite	m 7 below. If cr	ops or fixtures, also inse	ert name of
described in Item 7 below.					
ASSIGNMENT—The Secured Party of Financing Statement bearing the file	e number shown above in the co	llateral described in Item 7	below.		
TERMINATION—The Secured Party file number shown above.			7		bearing the
AMENDMENT—The Financing Statem (Signature of Debtor required on all		wn above is amended as set	forth in Item 7 be	elow.	
e OTHER			/ >		
	(Date) <u>10</u> –7	19	74	ce for Use of Filing Office (Date, Time, Filing Office)	18
By: SIGNATURE(S) OF DEBTOR(S)		(TITLE)	Record 2.00	ed at Request of . Lateral	al Ba. 19174
First National Bank & Never	ıda		Offi	icial Records of	M
Sy: SIGNATURE(S) OF SECURED PA		(TITLE)	Douglas Patricia	s County, Nevada J. Stanle y, Recorde	r
Return	Copy to		Laction		
South Lake Tahoe FIRST NATIONAL	OFFICE BANK OF NEVADA	<u>.</u>	By	melay	co
				Comey	75
ZIP Box 130 State	eline NEVADA 89449			800K 1 0	
				44011	بالاسان بعب ب