

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

XXXXXX

1. FILE NO. OF ORIG. FINANCING STATEMENT 12980	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 9/14/77	1B. DATE OF ORIG. FINANCING STATEMENT 9/9/77	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Minden, Nevada
2. DEBTOR (LAST NAME FIRST) Unruh, Paul			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0573
2B. MAILING ADDRESS Johnson Lane, P.O. Box 70		2C. CITY, STATE Minden, Nevada	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. SECURED PARTY NAME Equico Lessors, Inc. MAILING ADDRESS #1 Maritime Plaza, Suite 700 CITY San Francisco STATE CA ZIP CODE 94111			4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.

6. CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here and insert description of real property on which growing or to be grown in Item 7 below.

A RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.

B ASSIGNMENT — The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.

C TERMINATION — The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.

D AMENDMENT — The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)

E OTHER

F

7.

8. (Date) October 12, 1977

By: _____ (TITLE)
Equico Lessors, Inc.

By: [Signature] Credit Manager (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES)

10. Return Copy to

NAME Equico Lessors, Inc.
ADDRESS #1 Maritime Plaza, Suite 700
CITY, STATE San Francisco, CA 94111
AND ZIP

9. This Space for Use of Filing Officer (Date, Time, Filing Office)

CODE
1 2927
2
3
4
5 REQUESTED BY
6 Equico Lessors
7 Inc.
8 #5.00pd
9 OCT 14 AM 11:12
PATRICIA J. WILLIAMS
RECORDER
Donna Justizer (Rep)

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