IMPORTANT—Read instructions on back before filling out form This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code A. DATE OF FILING OF ORIG. FINANCING 1C. PLACE OF FILING ORIG, FINANCING October 9, 1984 05898 May 30, 1984 Douglas County 2. DESTOR (LAST NAME FIRST) A. SOCIAL SECURITY OR FEDERAL TAX NO Mack, Martin D. 28. MAILING ADDRESS 2C. CITY. STATE 2D. ZIP CODE P. O. Box 1758 Gardnerville, Nevada 89410 3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Mack, Maurlaine Fox 38. MAILING ADDRESS 3C. CITY STATE 3D. ZIP CODE same 4. SECURED PARTY Nofwest Financial Nevada, Inc P. O. Box 2549 MAILING ADDRESS Carson City, N CITY Nevada 89702 ZIP CODE ASSIGNEE OF SECURED PARTY (IF ANY) SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. MAME MAILING ADDRESS CITY 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. 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. 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. 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. 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 amendements.) **OTHER** 9. This Space for Use of Filing Officer (Date) <u>September 19 19 85</u> (Date, Time, Filing Office) By: SIGNATURE(S) OF DESTOR(S) REQUESTED BY N OFFICIAL RECORDS OF DOUGLAS CO., NEVADA Phyllis Langlois, CSR OF SIGNATURE(S) OF SECURED PARTY(IES) TITLE) 10. Return Copy to '85 OCT -4 MO:36 Norwest Financial Nevada, Inc. MAME **ADDRESS** P. O. Box 2549 SUZANHE BEAUDREAU RECORDER CITY, STATE Carson City, NV 89702 AMD ZIP PAID BL DEPUTY BOOK 1085 PAGE 522 (1) Filing Officer Copy - Numerical

Approved by the Secretary of State

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STATE OF NEVADA

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UCC-2 G79 NV

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