

**STATE OF NEVADA**  
**UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM UCC-2**

**IMPORTANT—Read instructions on back before completing form**

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

1. FILE NO. OF ORIG. FINANCING STATEMENT <b>05747</b>	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT <b>4/16/84</b>	1B. DATE OF ORIG. FINANCING STATEMENT <b>4/5/84</b>	1C. PLACE OF FILING ORIG. FINANCING STATEMENT <b>Douglas County/Nevada</b>
2. DEBTOR (LAST NAME FIRST) <b>JOSES: JOHN K.</b>			2A. SOCIAL SECURITY NO., FEDERAL TAX NO. <b>[REDACTED]-5593</b>
2B. MAILING ADDRESS <b>3973 Kern Court</b>		2C. CITY, STATE <b>Pleasanton, CA</b>	2D. ZIP CODE <b>94566</b>
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>JOSES: LELA V.</b>			3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>[REDACTED]-8827</b>
3B. MAILING ADDRESS <b>3973 Kern Court</b>		3C. CITY, STATE <b>Pleasanton, CA</b>	3D. ZIP CODE <b>94566</b>
4. SECURED PARTY NAME <b>Crocker National Bank</b> MAILING ADDRESS <b>P. O. Box 1080</b> CITY <b>Stockton</b> STATE <b>CA</b> ZIP CODE <b>95201</b>			4A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>11-8 #044</b> <b>1210</b>
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. <input type="checkbox"/> 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 <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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.)			
<input checked="" type="checkbox"/> OTHER			

7. The Name and Address of the Secured Party is hereby changed to  
 4) Wells Fargo Bank, N.A.  
 P. O. Box 949  
 Modesto, CA 95353  
 4A) WFB 587

8. (Date) February 2, 19 87

By: \_\_\_\_\_ (TITLE)  
 \_\_\_\_\_ (SIGNATURE(S) OF DEBTOR(S))  
**WELLS FARGO BANK, N.A., formerly Crocker National Bank**

By: [Signature] (TITLE)  
 \_\_\_\_\_ (SIGNATURE(S) OF SECURED PARTY(IES))  
**Robert L. Anderson, AVP**

10. **Return Copy to**

NAME **Wells Fargo Bank, N.A.**  
 ADDRESS **P. O. Box 949**  
 CITY AND STATE **Modesto, CA 95353**

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

REQUESTED BY  
*Wells Fargo Bank*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

87 FEB 11 A10:43

SUZANNE DEAUDREAU  
 RECORDER  
 \$6.00 PAID *[Signature]* DEPUTY

149830  
 287 PAGE 992  
 BOOK

(1) FILING OFFICER COPY  
 STANDARD FORM — FILING FEE \$3.00

UNIFORM COMMERCIAL CODE—FORM UCC-2  
 Approved by the Secretary of State