

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-UCC-2
IMPORTANT— Read instructions on back before filling out form

STATE OF NEVADA

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

1. FILE NO OF ORIG FINANCING STATEMENT 06508	1A. DATE OF FILING OF ORIG FINANCING STATEMENT May 28, 1987	1B. DATE OF ORIG FINANCING STATEMENT May 12, 1987	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas County
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (SEE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) SMITH, RAYMOND M.			2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 9105
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. BOX 277		2C. CITY, STATE Gardnerville, Nevada	2D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (IF ANY) (SEE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) SMITH, MARGARET MAY			3A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 6906
3B. MAILING ADDRESS P.O. BOX 277,		3C. CITY, STATE Gardnerville, Nevada	3D. ZIP CODE 89410
4. ADDITIONAL DEBTOR (IF ANY) (SEE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			4A. SOCIAL SECURITY OR FEDERAL TAX NO
4B. MAILING ADDRESS		4C. CITY, STATE	4D. ZIP CODE
5. SECURED PARTY NAME Valley Bank MAILING ADDRESS P.O. BOX 1749 CITY Minden NV ZIP CODE 89423			5A. SOCIAL SECURITY NO, FED. TAX NO OR BANK TRANSIT AND ABA NO 94-72 1224
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO, FED. TAX NO OR BANK TRANSIT AND ABA NO
7. A <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, fixtures, or oil, gas or minerals check here <input type="checkbox"/> and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.			
B <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 8 below. Release does not terminate debt.			
C <input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.			
D <input checked="" 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.			
E <input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)			
8.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) August 21, 19 87

By: _____ (TITLE)

By: _____ (TITLE)

Valley Bank of Nevada by: Michael S. Knoche, Manager

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

RECORDED BY
Valley Bank Nev.
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

11. Return Copy to

NAME Valley Bank of Nevada

ADDRESS P O BOX 1749

CITY, STATE Minden NV 89423

AND ZIP

'87 AUG 24 P1:20

SUZANNE BEAUDREAU
RECORDER

\$ 5.00 PAID *OK* DEPUTY