

IMPORTANT— Read instructions on back before filling out form

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

1. FILE NO OF ORIG FINANCING STATEMENT <b>06507</b>	1A. DATE OF FILING OF ORIG FINANCING STATEMENT <b>May 28, 1987</b>	1B. DATE OF ORIG FINANCING STATEMENT <b>May 12, 1987</b>	1C. PLACE OF FILING ORIG FINANCING STATEMENT <b>Douglas County</b>
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (SEE ITEM 8 BELOW) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>SMITH, RAYMOND M.</b>			2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>9105</b>
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) <b>P.O. BOX 277</b>		2C. CITY, STATE <b>Gardnerville, Nevada</b>	2D. ZIP CODE <b>89410</b>
3. ADDITIONAL DEBTOR (IF ANY) (SEE ITEM 8 BELOW) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>SMITH, MARGARET MAY</b>			3A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>6906</b>
3B. MAILING ADDRESS <b>P O BOX 277</b>		3C. CITY, STATE <b>Gardnerville, Nevada</b>	3D. ZIP CODE <b>89410</b>
4. ADDITIONAL DEBTOR (IF ANY) (SEE ITEM 8 BELOW) <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 <b>Valley Bank of Nevada</b> MAILING ADDRESS <b>P.O. BOX 1749</b> CITY <b>Minden</b> STATE <b>NV</b> ZIP CODE <b>89423</b>			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>94-72</b> <b>1224</b>
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 A.B.A. NO.

7. A  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  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  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  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  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  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.

9. (Date) August 21, 1987

By: [Signature] (TITLE)

By: [Signature] (TITLE)  
**Valley Bank of Nevada By: Michael S. Knoche, Manager**

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

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

11. Return Copy to

NAME  **Valley Bank**  
ADDRESS **P O BOX 1749**  
CITY, STATE AND ZIP **Minden NV 89423**

'87 AUG 24 P1:20

SUZANNE BONDREAU  
RECORDER  
\$500 PAID *[Signature]* DEPUTY

THIS SPACE FOR USE OF FILING OFFICER