

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

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

Att: M. Furbush

1. FILE NO OF ORIG FINANCING STATEMENT 06331	1A. DATE OF FILING OF ORIG FINANCING STATEMENT 5/23/86	1B. DATE OF ORIG FINANCING STATEMENT 5/6/86	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas County
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Stuart S. Drange, DDS, a Nevada Prof. Corporation			2A. SOCIAL SECURITY OR FEDERAL TAX NO 88-0177179
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box 1005		2C. CITY, STATE Gardnerville, Nevada	2D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. ADDITIONAL DEBTOR (IF ANY) (ONE 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 <input checked="" type="checkbox"/> NAME Valley Bank of Nevada MAILING ADDRESS P.O. Box 10927 CITY Reno, Nevada STATE _____ ZIP CODE 89510			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. 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 A.B.A. 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) 11/4 19 87

By: _____ (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

By: [Signature] (SIGNATURE(S) OF SECURED PARTY(IES)) **Michael R. Furbush** (TITLE) **SVP**
Valley Bank of Nevada (TYPE NAME(S))

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

165750
BOOK 1187 PAGE 569

REQUESTED BY
First Interstate
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA
by Valley Bank

'87 NOV -5 A11:16

SUZANNE BEAUDREAU
RECORDER
\$ 5.00 PAID [Signature] DEPUTY

11. **Return Copy to**

NAME **FIRST INTERSTATE BANK**
ADDRESS **ATTN: CRAIG CHAMBERS**
CITY, STATE **P.O. BOX 68**
AND ZIP **MINDEN, NEVADA 89423**

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