

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

1. FILE NO OF ORIG FINANCING STATEMENT 117868		1A. DATE OF FILING OF ORIG FINANCING STATEMENT 5/28/85		1B. DATE OF ORIG FINANCING STATEMENT 4/30/85		1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas County	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) O.B. Sports Inc.						2A. SOCIAL SECURITY OR FEDERAL TAX NO	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) PO Box 437				2C. CITY, STATE Zephyr Cove Nevada		2D. ZIP CODE 89448	
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 NAME NFB Leasing, a Division of Nevada First Thrift MAILING ADDRESS PO Box 12850 CITY Reno STATE Nevada ZIP CODE 89510						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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)							

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 4/19 1988

By: _____ (TITLE)

By: Barbara Brister (TITLE)
Barbara Brister

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

REQUESTED BY
NFB Leasing
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'88 MAY -6 AM 1:30

SUZANNE BEAUREAU
RECORDER

5- PAID 91 DEPUTY 177605
DUPLICATE 588 FILING FEE 899
SEE INSTRUCTIONS

11. Return Copy to

NAME [NFB Leasing]
ADDRESS [PO Box 81650]
CITY, STATE AND ZIP [Las Vegas NV 89180]

FILING OFFICER'S NAME AND ADDRESS

UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State