

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

UCC-2 G79 NV

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

1. FILE NO. OF ORIG. FINANCING STATEMENT <b>06273</b>	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT <b>January 17, 1986</b>	1B. DATE OF ORIG. FINANCING STATEMENT <b>December 7, 1985</b>	1C. PLACE OF FILING ORIG. FINANCING STATEMENT <b>Douglas County</b>
2. DEBTOR (LAST NAME FIRST) <b>BATES, RALPH L.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. <b>[REDACTED] 1449</b>	
2B. MAILING ADDRESS <b>1667 Toni Court</b>		2C. CITY, STATE <b>Minden, NV</b>	2D. ZIP CODE <b>89423</b>
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>BATES, BONA</b>		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS <b>SAME</b>		3C. CITY STATE	3D. ZIP CODE
4. SECURED PARTY NAME <b>Norwest Financial Nevada, Inc.</b> MAILING ADDRESS <b>P. O. Box 2549</b> CITY <b>Carson City</b> STATE <b>Nevada</b> ZIP CODE <b>89702</b>		4A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FED. 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 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.			
<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 type="checkbox"/> OTHER			

THIS SPACE FOR USE OF FILING OFFICER

8. \_\_\_\_\_ (Date) December 16 1988

By: \_\_\_\_\_ (TITLE)

By: Phyllis Langlois, CSR *Phyllis Langlois* (TITLE)

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

REQUESTED BY  
*Norwest Financial*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

10. **Return Copy to**

NAME  **Norwest Financial Nevada, Inc.**  
 ADDRESS **P. O. Box 2549**  
 CITY, STATE AND ZIP **Carson City, NV 89702**

**192964**  
BOOK **1288** PAGE **2701**

(1) Filing Officer Copy - Numerical

Approved by the Secretary of State

**'88 DEC 20 AM 11:13**

SUZANNE BEAUDREAU  
RECORDER

\$6.00 PAID *BH* DEPUTY

STANDARD FORM—FILING FEE \$4.00