

STATE OF NEVADA
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM UCC-2
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 06646 or 170577	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT January 11, 1988	1B. DATE OF ORIG. FINANCING STATEMENT October 15, 1987	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County
2. DEBTOR (LAST NAME FIRST) Marshall, Raymond			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS 1300 Stephanie		2C. CITY, STATE Minden, NV	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) Marshall, Diana			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS same		3C. CITY STATE	3D. ZIP CODE
4. SECURED PARTY NAME Norwest Financial Nevada, Inc. MAILING ADDRESS P. O. Box 2549 CITY Carson City STATE NV ZIP CODE 89702			4A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.
5. ASSIGNEE OF SECURED PARTY (IF ANY)			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.

6. 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, check here and insert description of real property on which growing or to be grown in Item 7 below.

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 7 below.

C 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.

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 7 below. (Signature of Debtor required on all amendments.)

F OTHER

7. [Empty space for Item 7]

8. (Date) February 14 1989

By: _____ (TITLE)

Norwest Financial Nevada, Inc.

By: Phyllis Langlois *Phyllis Langlois* CSR (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
ADDRESS P. O. Box 2549
CITY, STATE AND ZIP Carson City, NV 89702

(1) Filing Officer Copy — Numerical

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SUZANNE BEAUDREAU
RECORDER
\$6.00 PAID *20* DEPUTY

STANDARD FORM—FILING FEE \$4.00

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