UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-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	1A. DATE OF FILING OF ORIG FINANCING STATEMENT	1B. DATE OF ORIG FINANCING STATEMENT	1C. PLACE OF FILING OR	1C. PLACE OF FILING ORIG FINANCING STATEMENT	
158112 7–13–87 7–10–87		7–10–87	Douglas County		
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) LEGAL BUSINESS NAME			2A. SOCIAL SECURITY		
M INDIVIDUAL (LAST NAME FIRST) Kenyon, Don E. 28. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 2C. CITY, STATE				0197 2D. ZIP CODE	
P. O. Box 1193		Gardnerville,	Nevada	89410	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAM	E OALY)	Cardier ville,	3A. SOCIAL SECURITY		
△ LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST) INDIVIDUAL	Kenyon Painting Serv.	ice			
3B. MAILING ADDRESS 3C. CITY, STATE			/	3D. ZIP CODE	
669 Bowles Lane		Gardnerville,		89410	
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME LEGAL BUSINESS NAME	•		4A. SOCIAL SECURITY	OR FEDERAL TAX NO	
INDIVIDUAL (LAST NAME FIRST	1	4C. CITY, STATE		4D. ZIP CODE	
			\ \	12	
5. SECURED PARTY Security	Bank of Nevada		5A, SOCIAL SECURITY N TRANSIT AND A BA.	O., FED. TAX NO. OR BANK	
	erger Valley Bank of Nevada	a	TRAISIT AND A BA.	110	
MAILING ADDRESS P. O. BOX					
Reno,	siaie Nevada	ZIP CODE 8952			
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME			TRANSIT AND A B.A.	O , FED. TAX NO. OR BANK NO.	
MAILING ADORESS					
СПУ	STATE	ZIP CODE			
7. CONTINUATION—T	he original Financing Statement between t	he foregoing Debtor and Secured	Party bearing the file numb	er and date shown	
RELEASE—From th collateral described ASSIGNMENT—The Party's rights under TERMINATION—The the file number sho	e Secured Party certifies that the Secured the Financing Statement bearing the file e Secured Party certifies that the Secured P	ted within 6 months prior tement bearing the file number spees not terminate debt. Party has assigned to the Assignumber shown above in the collection of t	to expiration date. shown above, the Secured nee above named, all or p ateral described in Item 8 nterest under the Financing	Party releases the art of the Secured below. Statement bearing	
9.	(Date) May		his Space for Use of Filing Officer ((Date, Time, Filing Office)	
TYPE NAME(S)		IITLE)		,	
	Dietel Vice	President	REQUESTED BY IN OFFICIAL RECOR DOUGLAS CO NEV	K of Neucdo	
11. Re	eturn Copy to	_	11 h 1		
NAME Valley Bank of	Nevada		189 MAY 22 P12:	32	
ADDRESS P. O. Box 2000	The state of the s			•	
CITY. STATE Reno, NV 8952	.0	•	SUZANNE BEAUD	REAU	
AND ZIP N-471-32-3		, '	RECORDER	202419	
			\$600 PAID K 12	-	
	ER COPY — ALPHABETICA (Rev. 7-86) Approved by the Nevada Secretary of State		589 PAGE 2691	DEPUTY FILING FEE SEE INSTRUCTIONS	