

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

1. FILE NO OF ORIG FINANCING STATEMENT 160144	1A. DATE OF FILING OF ORIG FINANCING STATEMENT August 13, 1987	1B. DATE OF ORIG FINANCING STATEMENT August 5, 1987	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 checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) LORA P. TEDESCO			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-5417
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P. O. Box 3464		2C. CITY, STATE Stateline, Nevada	2D. ZIP CODE 89449
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 Valley Bank of Nevada MAILING ADDRESS P. O. Box 1947 CITY Carson City STATE Nevada ZIP CODE 89702			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.			

9. (Date) September 7 19 89

By: \_\_\_\_\_ (TITLE)  
 VALLEY BANK OF NEVADA

By: Janet Andraski (TITLE)  
 Com'l Loan Officer

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

REQUESTED BY  
*Lora P. Tedesco*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

89 OCT 11 P2:44

SUZANNE BEAUDREAU  
 RECORDER 212785  
 \$10.00 PAID  DEPUTY  
 BOOK 1089 PAGE 1228

11. Return Copy to

NAME Lora P. Tedesco  
 ADDRESS P. O. Box 3464  
 CITY, STATE Stateline, Nevada 89449  
 AND ZIP

(1) FILING OFFICER COPY — ALPHABETICAL

THIS SPACE FOR USE OF FILING OFFICER