

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

**STATE OF NEVADA**

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

1. FILE NO. OF ORIG FINANCING STATEMENT 206500 (06894)	1A. DATE OF FILING OF ORIG FINANCING STATEMENT July 13, 1989	1B. DATE OF ORIG FINANCING STATEMENT July 6, 1989	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas Co.
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Cimarron Computer, a Nevada Corporation			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0245411
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 5049 S. McCarran		2C. CITY, STATE Reno, Nevada	2D. ZIP CODE 89502
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 20000 CITY: Reno STATE: Nevada ZIP CODE: 89520-0025			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.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) November 2 1989

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

Valley Bank of Nevada

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

H.S. Holman, Asst. Vice President

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

REQUESTED BY  
*Valley Bank of Nevada*  
 IN OFFICIAL RECORDS OF  
 DOUGLAS CO., NEVADA

11. **Return Copy to**

Valley Bank of Nevada  
 NAME: Valley Bank of Nevada  
 ADDRESS: P.O. Box 20000  
 CITY, STATE: Reno, NV 89520-0025  
 AND ZIP: Attn: Sue  
 N-314-63-A

'89 NOV -6 P12:45

SUZANNE BEAUDREAU  
 RECORDER **214232**

\$10<sup>00</sup> PAID *K19* DEPUTY