

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-UCC-2 STATE OF NEVADA

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 144673		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 11/5/86		1B. DATE OF ORIG. FINANCING STATEMENT 11/4/86		1C. PLACE OF FILING ORIG. FINANCING STATEMENT DOUGLAS COUNTY, NV.	
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) TOROK, RICHARD J.						2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9056	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1240 Kingston Way				2C. CITY, STATE Gardnerville, Nv.		2D. ZIP CODE 89410	
3. ADDITIONAL DEBTOR (IF ANY)(ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) TOROK, MELISSA						3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS 1240 Kingston Way				3C. CITY, STATE Gardnerville, Nv.		3D. ZIP CODE 89410	
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 NEVADA FIRST BANK MAILING ADDRESS P.O. BOX 1788 CITY GARDNERVILLE STATE NV. ZIP CODE 89410						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 88-0132848	
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' Laser Reflector w/ hi-tork 1 mount - Electrohome Eircur w/power supply, Von Weisse Actuator, PRIA feed w/65° LNB, fideo cipher 2000E decoder, & installation.							

9. (Date) Oct. 18 1989

By: Richard J. Torok
SIGNATURE(S) OF DEBTOR(S) (TITLE)
RICHARD J. TOROK

Melissa Torok
TYPE NAME(S)
MELISSA TOROK

By: [Signature]
SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
LARRY S. LITERICK MANAGER

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

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'89 NOV -8 P1:44

SUZANNE BEAUDREAU
RECORDER

\$11.00 PAID X12 DEPUTY
FILING FEE
SEE INSTRUCTIONS

11. Return Copy to

NAME NEVADA FIRST BANK
ADDRESS P.O. BOX 1788
CITY, STATE GARDNERVILLE, NV, 89410
AND ZIP 214411

(1) FILING OFFICER COPY — ALPHABETICAL
UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State

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THIS SPACE FOR USE OF FILING OFFICER