

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 181147 <sup>book</sup> 688 <sup>page</sup> 4403		1A. DATE OF FILING OF ORIG FINANCING STATEMENT JUN 29, 1988		1B. DATE OF ORIG FINANCING STATEMENT		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 type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) LUSICH COURT REPORTERS						2A. SOCIAL SECURITY OR FEDERAL TAX NO	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. BOX 5081				2C. CITY, STATE STATELINE, NV		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 NFB LEASING, A DIVISION OF NEVADA FIRST BANK MAILING ADDRESS P.O. BOX 81650 CITY LAS VEGAS STATE NV ZIP CODE 89180						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
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) MAR 1 19 90

By: \_\_\_\_\_ (TITLE)  
DIANE K LUSICH

By: Sandra Walker (TITLE)  
SANDRA WALKER COLLECTION MGR

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

REQUESTED BY  
Bank of America  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

11. Return Copy to

NAME BANK OF AMERICA NV LEASING  
ADDRESS P.O. BOX 81650  
CITY, STATE AND ZIP LAS VEGAS, NV 89180

90 MAR -9 All :17

SUZANNE BEAUDREAU  
RECORDER 221548

PAID \$10.00 K12 DEPT. OF TREASURY

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