## **STATE OF NEVADA**

## 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

. FILE NO OF ONIG FINANCING STATEMENT		18. DATE OF ORIG FINANCING STA		1 C. PLACE OF FILING ORIG FINANCING STATEMENT	
		July 15, 198			
2. DEBTOR (AS APPEARS ON ORIGINAL FINAN ☐ LEGAL BUSINESS NAME ☐ INDIVIDUAL (LAST NAME FIRS	ICING STATEMENT) (ONE NAME ONLY)  WALT LEE CONSTRUCTION		evada	i	
28. MAILING ADDRESS (AS APPEARS ON ORIGI		2C. CITY, STATE	\ \	2D. ZIP CODE	
P. O. Box 1441		Gardnerv	ille, Nevada	89410	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAM	E ONLY)			TY OR FEDERAL TAX NO.	
J. ADDITIONAL DEBTOR (IF ANY) (ONE NAME LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST	T)		\ \	,	
3B. MAILING ADDRESS	<u></u>	3C. CITY, STATE	\\	3D. ZIP CODE	
4. ADDITIONAL DEBTOR (IF ANY) (ONE HAN			4A. SOCIAL SECURIT	TY OR FEDERAL TAX NO	
INDIVIDUAL (LAST NAME FIRS  4B. MAILING ADDRESS	T)	4C. CITY, STATE		4D. ZIP CODE	
4B. MAILING ADDRESS		40. CIT, STATE		VD. Ell CODE	
			154 SOCIAL SECURITY	Y NO., FED. TAX NO. OR BANK	
5. SECURED PARTY Valloy Ba	ink of Nevada		TRANSIT AND A.B	i.A. NO.	
D O Box		/	\	\ \\	
MINICING ADDRESS			00700	1004	
city XXXXX Car	son City state Nevada	L ZIP CODE	89702 94-72/1		
6. ASSIGNEE OF SECURED PARTY (IF ANY)		/ \	6A. SOCIAL SECURITY TRANSIT AND A.B	y not fed tax no or bank B.A. no.	
NAME		(	)		
MAILING ADDRESS		\	/		
CITY	STATE	ZIP CODE	/		
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 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.					
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 ASSIGNMENT—Th	e Secured Party certifies that the Secure r the Financing Statement bearing the file	d Party has assigned to the number shown above in t	Assignee above named, all o he collateral described in Item	or part of the Secured a 8 below. Ing Statement bearing low.	
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.					
AMENDMENT—Th	e Financing Statement bearing the file nu Debtor(s) and Securied Party(ie:	ımber shown above is ame s) required on all am	nded as set forth in Item 8 bel rendments)	low.	
				FILING OFFICER	
9.  By: SIGNATURE(S) OF DEBTOR(S)  VALLEY BANK OF N	(pate)	ruary 23 19 90	10. This Space for Use of Filing Offic	cer (Date, Time, Filing Offics)	
By: Dy Estate Property Signature(s) of Secured Property Myrta Boucher  Type Name(s)	Vice	President	REQUESTED I STEWART TITLE M DOI IN OFFICIAL RECO DOUGLAS CO HI	UPLAS COUNTY	
11. F	Return Copy to		90 MAR 16 P1	:49	
	•				
NAME Walt I am Ca	matumatian Campan	•	SUZARRE BEAL	JDRE <b>AÚ</b>	
ADDITUO	onstruction Company		RECORDE	R 222016	
CITY, STATE P. O. Box 1		•	10° ×1		
Gardnervill	.e, NV 89410 -		\$ /U PAID 13 600K 3	90 MGE 1946	