

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 194265	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT January 12, 1989	1B. DATE OF ORIG. FINANCING STATEMENT January 11, 1989	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) Hearold, Owen E.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-1131
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O.Box 162		2C. CITY, STATE Minden, Nevada	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Hearold, Thelma			3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-9190
3B. MAILING ADDRESS P.O.Box 162		3C. CITY, STATE Minden, Nevada	3D. ZIP CODE 89423
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. [Empty space for amendments]

9. (Date) August 22 19 90

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

By: [Signature] D.R. McLaughlin  
Valley Bank of Nevada Asst. Vice President

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

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

90 AUG 24 AIO :27

SUZANNE BEAUDREAU  
RECORDER

\$11.00 PAID [Signature] DEPUTY

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BOOK 890 PAGE 3843

11. Return Copy to

NAME Valley Bank of Nevada  
ADDRESS Reno Special Loans  
CITY, STATE P.O.Box 20000  
AND ZIP Reno, NV 89520-0025