

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

1. FILE NO. OF ORIG. FINANCING STATEMENT Bk. 887 pg. 1485		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 8/13/87		1B. DATE OF ORIG. FINANCING STATEMENT		1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County Nevada Official Records	
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) Matanuska Valley Cablevision, Inc. d/b/a Northern Sights				2A. SOCIAL SECURITY OR FEDERAL TAX NO. EIN: 88-0223789			
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 299 Elk Point				2C. CITY, STATE Zephyr Cove, Nevada		2D. ZIP CODE 89448	
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 First Union National Bank of North Carolina MAILING ADDRESS <del>208226</del> First Union Plaza Tower, 10th Floor CITY Charlotte STATE North Carolina ZIP CODE 28288				5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. Bank Transit and A.B.A. No. 053 000 219			
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. <b>Effective only if submitted within 6 months prior to expiration date.</b>							
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. <b>Release does not terminate debt.</b>							
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. <b>(Signature of Debtor(s) and Secured Party(ies) required on all amendments)</b>							
8.							

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) August 31 19 90

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

By: Robert F. Buckfelder SA, Vice President (TITLE)

Robert F. Buckfelder (TITLE)

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

REQUESTED BY  
Dow Lohnes & Albertson  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'90 SEP 24 10:45

SUZANNE BEAUDREAU  
RECORDER

\$11.00 PAID [Signature] DEPUTY

11. **Return Copy to**

NAME [ John H. Pomeroy, Esquire ]  
ADDRESS [ Dow, Lohnes & Albertson ]  
CITY, STATE [ 1255 23rd Street, N. W., Suite 500 ]  
AND ZIP [ Washington, D. C. 20037 ]

(160160)

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