

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 07131 231911	1A. DATE OF FILING OF ORIG FINANCING STATEMENT 8 August 1990	1B. DATE OF ORIG FINANCING STATEMENT 3 August 1990	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas County
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) RENO, TAHOE, INC., a Nevada Corporation			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0241656
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 295 Holcomb Avenue Suite #3		2C. CITY, STATE Reno, Nevada	2D. ZIP CODE 89502
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME Corporate Investment International Business Sales <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0241656
3B. MAILING ADDRESS 295 Holcomb Avenue Suite #3		3C. CITY, STATE Reno, Nevada	3D. ZIP CODE 89502
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 PO 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.			

9. (Date) 20 November 1990

By: _____ (TITLE)

By: Mark McVeigh Commercial Loan Officer (TITLE)
 Mark McVeigh for Valley Bank of Nevada (TYPE NAME(S))

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

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

11. **Return Copy to**

NAME Valley Bank of Nevada
 ADDRESS P.O. Box 20000
 CITY, STATE Reno, Nevada 89520-0025
 AND ZIP ATTN: RPLC N-311-32-1
 Trust Acct. No. 750108

(1) FILING OFFICER COPY — ALPHABETICAL

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SUZANNE BEAUDREAN
 RECORDER 239807

\$11.00 PAID KV DEPUTY
BOOK 1190 PAGE 3978

FILING FEE SEE INSTRUCTIONS

THIS SPACE FOR USE OF FILING OFFICER