## 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	1A. DATE OF FILING OF ORIG FINANCING STATEMENT	18. DATE OF ORIG FINANCING STA		FILING ORIG FINANCING STATEMENT
140813	September 11, 1986	August 29, 19	•	as County
2. DEBTOR (AS APPEARS ON ORIGINAL FINAL LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRS	n DRANGE, STUART S.		2A. SOCIAL S	3057
28. MAILING ADDRESS (AS APPEARS ON ORIGI	NAL FINANCING STATEMENT)	2C. CITY, STATE		2D. ZIP CODE
P. O. Box 1398		Minden, N	V	89423
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRS	n DRANGE, JANICE L.		3A. SOCIAL S	ECURITY OR FEDERAL TAX NO
38. MAILING ADDRESS		3C. CITY, STATE		3D. ZIP CODE
P. O. Box 1398		Minden, Ne	vada	89423
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME LEGAL BUSINESS NAME INDIVIDUAL (LAST NAME FIRST			44	7179
48. MAILING ADDRESS		4C. CITY, STATE		4D. ZIP CODE
P. O. Box 1398  5. SECURED PARTY		Minden, Ne	vada	89423
	ank of Nevada, Doulgas Co	inti Office	5A, SOCIAL SEC TRANSIT A	CURITY NO, FED TAX NO OR BANK
MAILING ADDRESS P. O. BOX	458	unty Office		
cry Minden	STATE Nevada		89423	2005
6. ASSIGNEE OF SECURED PARTY (# ANY)	SIAIE MEVAUA	ZIP CODE		3825
NAME	,		6A. SOCIAL SEC TRANSIT AN	CURITY NO. FED. TAX NO OR BANK ID ABA NO
MAILING ADDRESS			\	
СПУ	STATE	ZIP CODE	\	\
growing or to be groved owner of rea	he original Financing Statement between t If collateral is crops or timber, fixtures, or oi wn or to which affixed or to be affixed or fro I estate. Effective only if submitte	l, gas or minerals check her m which to be extracted in l d within 6 months p	e Ll and insert descriptior tem 8 below. If crops or fix prior to expiration d	of real property on which stures, also insert name of ate.
College at a college		es not terminate de	bt.	
c ASSIGNMENT—The Party's rights under	Secured Party certifies that the Secured the Financing Statement bearing the file i	Party has assigned to the number shown above in th	Assignee above named, a	all or part of the Secured
TERMINATION—The the file number show	Secured Party certifies that the Secured P	arty no longer claims a secu	rity interest under the Fina	ancing Statement bearing
(Signature of D	Financing Statement bearing the file num ebtor(s) and Securied Party(ies)	ber shown above is amend required on all ame	ded as set forth in Item 8 endments)	below.
8.				
9. / /		1/00	10. This Space for Use of Filing	Officer (Date, Time, Filing Office)
16	(Date) Augus	st 20 19_90		2
B. FAS	1			
By: SIGNATURE(S) OF DEBTOR(S)	M	rue)		
SECURITY BANK OF NEW	ADA, now by morger, VALLE			
XPE NAME(S)	Trager, VALUE.	DAME OF NEVADA		
By:	Vice Pre	esident	REQUESTED E	BY
BIGNATUREIST OF SECURED PART		u)	$\sim$ 1 $\sim$ 1	)ra~97
Mike Knoche			IN OFFICIAL RECO	RDS OF
TYPE NAME(S)			DOUGLAS GO HE	AUAV.
II. Re	turn Copy to			
	_		91 JAN -4 P2	:38
IAME	!	ļ		<del>-</del> -
ADDRESS Stuart S. Dra			grande a river of market	וחמב און
TTY, STATE P. O. Box 100		·	SUZAHNE BEAU HECORDEI	OREAU <b>242331</b>
Gardnerville,	NV 89410	ŀ	00	~ WAYOOT
(1) FILING OFFICER O			\$1200 PAID K12	DEPUTY
INITORM COMMERCIAL CODE - FORM UCC-2 (F	COPY — ALPHABETICAL Rev. 7-86) Approved by the Nevada Secretary of State	•	BOOK 191 PAGE	462 FILING FEE SEE INSTRUCTIONS
4-019-04-037 (2/87)	So, replication by the regrada Secretary of State		-	SEE INSTRUCTIONS