

STATE OF NEVADA  
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM 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 07029	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT FEB 28, 1990	1B. DATE OF ORIG. FINANCING STATEMENT FEB 21, 1990	1C. PLACE OF FILING ORIG. FINANCING STATEMENT DOUGLAS COUNTY
2. DEBTOR (LAST NAME FIRST) MOORE, WILLIAM		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0482	
2B. MAILING ADDRESS PO BOX 3088		2C. CITY, STATE STATELINE NV	2D. ZIP CODE 89449
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) MOORE, MARTHA		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 4938	
3B. MAILING ADDRESS Same		3C. CITY STATE	3D. ZIP CODE
4. SECURED PARTY NAME MAILING ADDRESS CITY CARSON CITY STATE NEVADA ZIP CODE 89702		4A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
6. <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, check here <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
<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 7 below.			
<input type="checkbox"/> ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.			
<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.			
<input type="checkbox"/> AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)			
<input type="checkbox"/> OTHER			

7. [Large circular stamp watermark]

B. (Date) JAN 17, 91 199

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

NORWEST FINANCIAL INC

By: NORMA STONE CSR Norma Stone CSR (TITLE)

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

REQUESTED BY  
Norwest Financial  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

91 JAN 22 AM 11:00

SUZANNE BEAUBREAU  
RECORDER 243306  
5. 11.00 PAID K12 DEPUTY  
STANDARD FORM—FILING FEE \$4.00  
BOOK 191 PAGE 2501

10. Return Copy to

NORWEST FINANCIAL INC  
NAME  
ADDRESS PO BOX 2549  
CITY, STATE CARSON CITY, NV 89702  
AND ZIP

THIS SPACE FOR USE OF FILING OFFICER