

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 227065 bk 590pa4482	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT MAY 31, 1990	1B. DATE OF ORIG. FINANCING STATEMENT MAY 29, 1990	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County
2. DEBTOR (LAST NAME FIRST) GARVER MARTIN		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 7388	
2B. MAILING ADDRESS PO BOX 6038		2C. CITY, STATE STATELINE NV	2D. ZIP CODE 89110
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)		3A. SOCIAL SECURITY OR FEDERAL TAX NO.	
3B. MAILING ADDRESS		3C. CITY STATE	3D. ZIP CODE
4. SECURED PARTY NAME MAILING ADDRESS CITY CARSON CITY		NORWEST FINANCIAL NEVADA INC PO BOX 2549 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
6. 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, check here <input type="checkbox"/> and insert description of real property on which growing or to be grown in Item 7 below.			
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 7 below.			
C <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.			
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 7 below. (Signature of Debtor required on all amendments.)			
F <input type="checkbox"/> OTHER			

7.

(Date) Jan 17 19 91

By: _____
SIGNATURE(S) OF DEBTOR(S) (TITLE)

Norwest Financial Nevada Inc

By: Norma Stone CSR *Norma Stone CSR*
SIGNATURE(S) OF SECURED PARTY (IES) (TITLE)

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

REQUESTED BY
Norwest Financial
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

91 JAN 22 AM 10:01

SUPPLEMENTAL BY BUREAU
RECORDED
243307
\$10.00 PAID K12 DEPUTY

STANDARD FORM—FILING FEE \$4.00
BOOK 191 PAGE 2502

10. Return Copy to

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

(1) Filing Officer Copy — Numerical

UNIFORM COMMERCIAL CODE—FORM UCC-2

Approved by the Secretary of State

THIS SPACE FOR USE OF FILING OFFICER