

IMPORTANT—Read instructions on back before filling out form.

MODERN LAW FORMS 312/640-1888

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

1. FILE NO. OF ORIG. FINANCING STATEMENT 203882	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 6/12/89	1B. DATE OF ORIG. FINANCING STATEMENT	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas CO, NV
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Ristuben, Kenneth W.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-4055
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1666 U.S. Highway 395		2C. CITY, STATE Minden, NV	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Ristuben, Sandra			3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-8388
3B. MAILING ADDRESS 1666 U.S. Highway 395		3C. CITY, STATE Minden, NV	3D. ZIP CODE 89423
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 HCFS Business Equipment Corporation MAILING ADDRESS 2700 Sanders Road CITY Prospect Heights STATE IL ZIP CODE 60070			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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)			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) _____ 19__

By: _____ (TITLE)

ROBERT E. WALSH, PRESIDENT

By: *Robert Walsh* (TITLE)

HCFS Business Equipment Corporation

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

5260 ALL FILE 3638

REQUESTED BY
Lexis

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

91 JAN 28 10:57

SUZANNE BEAUDREAU
RECORDER **243673**

\$11.00 PAID k12 DEPUTY
BOOK **191** PAGE **3324** FILING FEE SEE INSTRUCTIONS

11. Return Copy to

NAME _____ FILING FEE \$ _____

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CITY, STATE _____

AND ZIP _____

LEXIS DOCUMENT SERVICES 1070

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THANK YOU

Approved by the Nevada Secretary of State