

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 230608 (07116)		1A. DATE OF FILING OF ORIG FINANCING STATEMENT July 20, 1990		1B. DATE OF ORIG FINANCING STATEMENT June 11, 1990		1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas Co., Nev.	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME Richard A. Bessette, M.D. <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)					2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-0516		
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 265 Linda Lane				2C. CITY, STATE Pleasant Hill, CA		2D. ZIP CODE 94523	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)					3A. SOCIAL SECURITY OR FEDERAL TAX NO		
3B. MAILING ADDRESS				3C. CITY, STATE		3D. ZIP CODE	
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 Security Pacific Bank Nevada MAILING ADDRESS 333 E. Fifth Street CITY Carson City, Nevada 89701 STATE ZIP CODE					5A. SOCIAL SECURITY NO., FED TAX NO OR BANK TRANSIT AND A.B.A. NO 94-15		
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. <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.							
<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.							
<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.							
<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 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments)							
8.							

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) May 1 19 91

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

By: Leroy Cubbison (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)
Leroy Cubbison, A.V.P.

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

REQUESTED BY
Security Pacific Bank
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

91 MAY 13 10:39

SUZANNE B. BUREAU
 RECORDER **250501**
 \$10.00 PAID **K9** DEPUTY
 BOOK **591** PAGE **1689**

11. Return Copy to

NAME Security Pacific Bank Nevada
 ADDRESS Security Pacific Bank Arizona
 CITY, STATE P. O. Box 2901, Dept. 226A
 AND ZIP Phoenix, Az. 85062
 0200003085(rs) (815)

(1) FILING OFFICER COPY - ALPHABETICAL