

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 170462	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 1/8/88	1B. DATE OF ORIG. FINANCING STATEMENT 12/14/87	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Minden Nv. Douglas County
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) ROMERO, JOE G.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5132	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 3595 SLATE RD.		2C. CITY, STATE WELLINGTON, NV.	2D. ZIP CODE 89444
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) ROMERO, ELIZABETH		3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9215	
3B. MAILING ADDRESS 3595 Slate Rd.		3C. CITY, STATE Wellington, Nv.	3D. ZIP CODE 89444
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 NEVADA FIRST BANK MAILING ADDRESS P.O. BOX 1788 CITY GARDNERVILLE STATE NEVADA ZIP CODE 89410		5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. [REDACTED] 6792	
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 checked="" 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)			
8. ALL HOUSEHOLD GOODS, FURNITURE, OBJECTS OF ART, JEWELRY, FURS, MISCELLANEOUS PROPERTY AND APPLIANCES UNLESS CONSIDERED FIXTURES LOCATED AT DEBTOR'S PLACE OF RESIDENCE AND/OR OTHER COLLATERAL DESCRIBED AS SET FORTH ON NEVADA FIRST BANK FORM "SCHEDULE A" DATED DECEMBER 14, 1987, PLUS ANY AND ALL ADDITIONS AND SUBSTITUTIONS.			

9. (Date) MAY 22 19 91

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

By: LARRY S. LUERICK (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES)
 MANAGER

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

REQUESTED BY
B of Amer.
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

11. **Return Copy to**

NAME BANK OF AMERICA NEVADA
 ADDRESS P.O. BOX 1788
 CITY, STATE GARDNERVILLE, NV, 89410
 AND ZIP

91 MAY 28 AM 15

SUZANNE BEAUDREAU
 RECORDER **251456**

\$11.00 PAID *KA* DEPUTY
 BOOK **591** PAGE **3841**
FILING FEE SEE INSTRUCTIONS

THIS SPACE FOR USE OF FILING OFFICER