

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 06912 BK 889 PAGE 870	1A. DATE OF FILING OF ORIG FINANCING STATEMENT 8-7-89	1B. DATE OF ORIG FINANCING STATEMENT 7-7-89	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) BROOKS, RICK L.			2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-1569
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. BOX 1227		2C. CITY, STATE FERNLEY, NV.	2D. ZIP CODE 89408
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) BROOKS, DEBORAH L.			3A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]3197
3B. MAILING ADDRESS SAME AS ABOVE		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 NEVADA FIRST BANK MAILING ADDRESS P.O. BOX 1788 CITY GARDNERVILLE STATE NV ZIP CODE 89410			5A. SOCIAL SECURITY NO, FED TAX NO OR BANK TRANSIT AND A.B.A. NO 88-0196792
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)			
8.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 8-22 19 91

By: _____ (TITLE)

By: ANN XXX ALVAREZ (TITLE) AUTHORIZED OFFICER

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

REQUESTED BY
Bank of America
IN OFFICIAL RECORDS OF
COUNTY OF NEVADA

91 SEP -3 P1:00

SUBMIT TO BUREAU
RECORDS 259422
\$11.00 PAID K2 DEPUTY
BOOK 991 PAGE 092

11. **Return Copy to**

NAME	RICK L. BROOKS
ADDRESS	DEBORAH L. BROOKS
CITY, STATE	P.O. BOX 1227
AND ZIP	FERNLEY, NV. 89408

(1) FILING OFFICER COPY — ALPHABETICAL