

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-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 208062	1A. DATE OF FILING OF ORIG FINANCING STATEMENT 8-3-89	1B. DATE OF ORIG FINANCING STATEMENT 8-3-89	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas Co., NV
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) S&A Restaurant Corp.			2A. SOCIAL SECURITY OR FEDERAL TAX NO
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 12404 Park Central Drive		2C. CITY STATE Dallas, Texas	2D. ZIP CODE 75251
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) S&A Properties Corp.			3A. SOCIAL SECURITY OR FEDERAL TAX NO
3B. MAILING ADDRESS 12404 Park Central Drive		3C. CITY STATE Dallas, Texas	3D. ZIP CODE 75251
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 Chemical Bank, as Collateral Agent MAILING ADDRESS 277 Park Avenue CITY New York STATE N.Y. ZIP CODE 10172			5A. SOCIAL SECURITY OR FEDERAL TAX NO (IF BANK TRANSFER AND A.B.A. NO)
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY OR FEDERAL TAX NO (IF BANK TRANSFER 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. (Signatures of Debtor(s) and Secured Party(ies) required on all amendments)			
8.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 8-19, 1991

By: _____ (TITLE)

By: Vita Alpoynis (TITLE) Associate

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

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IN OFFICE OF RECORDER OF
DOUGLAS COUNTY, NEVADA

11. Return Copy to 01F-2043/232100 204

NAME _____
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SUZANNE S. ANDREAU
RECORDER

BOOK 991 PAGE 1107

DEPUTY