

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

029 20 29024323

1. FILE NO OF ORIG FINANCING STATEMENT 140439		1A. DATE OF FILING OF ORIG FINANCING STATEMENT September 5, 1986		1B. DATE OF ORIG FINANCING STATEMENT September 4, 1986		1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas	
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) Beres Precision Inc., A Nevada Corporation						2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0203623	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box 2191				2C. CITY, STATE Gardnerville, NV		2D. ZIP CODE 89410	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input 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 Valley Bank of NV MAILING ADDRESS P.O. Box 1749 CITY Minden STATE NV ZIP CODE 89423						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-72 1224	
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) October 1 1991

By: _____ (TITLE)

By: Thomas M O'Donnell (TITLE) Operations Officer
Valley Bank of Nevada

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

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

11. Return Copy to

NAME Valley Bank of Nevada
ADDRESS P.O. Box 98543
CITY, STATE Las Vegas, NV 89193-8543
AND ZIP

Attn: Hans S 860 C 1

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SUZANNE BLAUGREAU
RECORDER 261890

\$10.00 PAID K2 DEPUTY