

IMPORTANT—Read instructions on back before filling out form

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

Loan #02944 1 03661

1. FILE NO. OF ORIG. FINANCING STATEMENT 200010-489-1213		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 04/12/1989		1B. DATE OF ORIG. FINANCING STATEMENT 04/05/1989		1C. PLACE OF FILING ORIG. FINANCING STATEMENT 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) HERNANDEZ, Paul R.						2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-4422	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box #2953				2C. CITY, STATE Minden, NV		2D. ZIP CODE 89423	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) HERNANDEZ, Peggy						3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]-2893	
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 Bank of America MAILING ADDRESS 3151 E. Imperial Hwy. CITY Brea STATE Calif ZIP CODE 92622						5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 16-66	
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) February 28 1992

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

By: Maima Santistevan (TYPE NAME(S)) CORPORATE OFFICER (TITLE)
MAIMA SANTISTEVAN BANK OF AMERICA (TYPE NAME(S))

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

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

'92 MAR -3 AIO :30

SUZANNE BEAUDOPEAU
RECORDER
\$11.00 PAID Ke DEPUTY
BOOK 392 PAGE 154

11. Return Copy to

NAME Paul R. & Peggy Hernandez
ADDRESS P.O. Box #2953
CITY, STATE Minden, NV 89423
AND ZIP