

IMPORTANT—Read instructions on back before filling out form

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

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|--|--|--|--|---|---|---|--|
| 1. FILE NO. OF ORIG. FINANCING STATEMENT 230848 | | 1A. DATE OF FILING OF ORIG. FINANCING STATEMENT JULY 25, 1990 | | 1B. DATE OF ORIG. FINANCING STATEMENT JULY 2, 1990 | | 1C. PLACE OF FILING ORIG. FINANCING STATEMENT DOUGLAS COUNTY, 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) PRICE, JOSEPH H. | | | | | 2A. SOCIAL SECURITY OR FEDERAL TAX NO. | | |
| 2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 5342 SANTA MONICA | | | | 2C. CITY, STATE GARDEN GROVE, CA | | 2D. ZIP CODE 92640 | |
| 3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) PRICE, ALICE A. | | | | | 3A. SOCIAL SECURITY OR FEDERAL TAX NO. | | |
| 3B. MAILING ADDRESS 5342 SANTA MONICA | | | | 3C. CITY, STATE GARDEN GROVE, CA | | 3D. ZIP CODE 92640 | |
| 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 SECURITY PACIFIC BANK NEVADA MAILING ADDRESS P.O. BOX 18415 CITY LAS VEGAS STATE NV ZIP CODE 89114 | | | | | 5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-15 | | |
| 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. 6200296-1 (Date) Aug. 6 1991

By: _____ (TITLE)
SIGNATURE(S) OF DEBTOR(S)
SECURITY PACIFIC BANK NEVADA
TYPE NAME(S)

By: _____ (TITLE)
SIGNATURE(S) OF SECURED PARTY(IES)
VICE-PRESIDENT
RICHARD YACH
TYPE NAME(S)

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

REQUESTED BY
FIRST CENTENNIAL TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'92 MAR -3 AM 1:03

SUZANNE BOURDEAU
RECORDER 272372
\$11.00 PAID K9 DEPUTY

11. Return Copy to

| | |
|-------------|------------------------------|
| NAME | SECURITY PACIFIC BANK NEVADA |
| ADDRESS | REAL ESTATE INDUSTRIES GROUP |
| CITY, STATE | P.O. BOX 18415 |
| AND ZIP | LAS VEGAS, NV 89114 |

(1) FILING OFFICER COPY — ALPHABETICAL
UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State