

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 06869 200864	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT April 26, 1989	1B. DATE OF ORIG. FINANCING STATEMENT April 10, 1989	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 type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Crockett Enterprises, Inc.			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box 1168		2C. CITY, STATE Minden, Nevada	2D. ZIP CODE 89423
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~~ Lessor:

NAME **NFB Leasing, a Division of Nevada First Bank**

MAILING ADDRESS **P.O. Box 81650**

CITY **Las Vegas** STATE **Nevada** ZIP CODE **89180**

5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO.

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 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 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 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 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 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 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.

9. (Date) February 26 19 92

By: _____ (TITLE)
G. Brian Crockett President

By: Jeanie Wagner (TITLE)
Jeanie Wagner

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

Recorded at Request of Bank of America

Date 4-6-92 Time 10:15 AM

Official Records of Douglas County, Nevada

Suzanne Beaudreau, Recorder

10.00 Pd. **275043**

Deputy

BOOK **492** PAGE **801**

11. 2940 **Return Copy to**

NAME Bank of America Nevada

ADDRESS 1785 E. Sahara Avenue, Suite 400

CITY, STATE AND ZIP Las Vegas, Nevada 89104

THIS SPACE FOR USE OF FILING OFFICER