

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 201442 589 712		1A. DATE OF FILING OF ORIG FINANCING STATEMENT MAY 8 89		1B. DATE OF ORIG FINANCING STATEMENT		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) <b>NORMAN JAMES MCLEOD DBA 7-11 #22590</b>						2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) <b>805 TILLMAN LANE</b>				2C. CITY, STATE <b>GARDNERVILLE, NV</b>		2D. ZIP CODE <b>89401</b>	
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 <b>NFB LEASING A DIVISION OF NEVADA FIRST BANK</b> MAILING ADDRESS <b>P.O. BOX 81650</b> CITY <b>LAS VEGAS</b> STATE <b>NV</b> ZIP CODE <b>89180</b>						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 <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. <b>Effective only if submitted within 6 months prior to expiration date.</b>							
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. <b>Release does not terminate debt.</b>							
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. <b>(Signature of Debtor(s) and Secured Party(ies) required on all amendments)</b>							
8.							

9. (Date) MAR 4 19 92

By: \_\_\_\_\_ (TITLE)  
SIGNATURE(S) OF DEBTOR(S)  
**NORMAN JAMES MCLEOD**  
TYPE NAME(S)

By: \_\_\_\_\_ (TITLE)  
SIGNATURE(S) OF SECURED PARTY(IES)  
*Jeanie Wagner*  
**JEANIE WAGNER** LEASE REP  
TYPE NAME(S)

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

Recorded at Request of  
**Bank of America**  
Date 4-6-92 Time 10:16 AM  
Official Records of  
Douglas County, Nevada  
Suzanne Beaudreau, Recorder  
*Heo* Pd.  
*S/O* Deputy  
**275044**  
BOOK **492** PAGE **802**

11. **Return Copy to**

NAME  2940  
ADDRESS **BANK OF AMERICA NEVADA**  
CITY, STATE **1785 E. SAHARA #400**  
AND ZIP **LAS VEGAS, NV 89104**

THIS SPACE FOR USE OF FILING OFFICER