

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

1. FILE NO. OF ORIG. FINANCING STATEMENT 183642		1A. DATE OF FRUNG OF ORIG FINANCING STATEMENT 08/05/88		1B. DATE OF ORIG FINANCING STATEMENT		1C. PLACE OF FILING ORIG FINANCING STATEMENT DOUGLAS COUNTY	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) LESSEE: <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) CARSON VALLEY INN INC.						2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P O BOX 2560				2C. CITY, STATE MINDEN, NV.		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. 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.**

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.**

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.

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.

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. *(Large circular stamp area)*

9. (Date) 05/18/92 19__

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

By: Melinda Huber (SIGNATURE(S) OF SECURED PARTY(S)) (TITLE)
MELINDA HUBER OFFICE MANAGER

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 JUN -1 10:45

SUZANNE BEAUDREAU
RECORDER 279877

\$10.00 PAID K2 DEPUTY
BOOK 692 PAGE 022

11. Return Copy to

NAME BANK OF AMERICA, NV. #2940

ADDRESS 1785 E. SAHARA #C-400

CITY, STATE LAS VEGAS, NV., 89104

AND ZIP

THIS SPACE FOR USE OF FILING OFFICER