

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 06937	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 09/21/89	1B. DATE OF ORIG. FINANCING STATEMENT 08/28/89	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) CURTIS & SONS CONSTRUCTION			2A. SOCIAL SECURITY OR FEDERAL TAX NO
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1190 CENTERVILLE LANE		2C. CITY, STATE GARDNERVILLE, NV.	2D. ZIP CODE 89410
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 <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) 05/28/92 19

By: _____ (TITLE)

By: Melinda Huber (TITLE) OFFICE MANAGER

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

REQUESTED BY B of A

IN OFFICE OF _____

'92 JUN 19 A9:40

DEPUTY

11. Return Copy to

NAME BANK OF AMERICA, NV. #2940

ADDRESS 1785 E. SAHARA #C-400

CITY, STATE AND ZIP LAS VEGAS, NV., 89104

BOOK 692 PAGE 3427