

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

Loan #02944 6 05672

1. FILE NO. OF ORIG. FINANCING STATEMENT 06951 212745-1089-1147		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 10/11/89		1B. DATE OF ORIG. FINANCING STATEMENT 08/15/89		1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County	
2. DEBTOR (AS APPEARS ON ORIGINAL FINANCING STATEMENT) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WHITE, Ronald O.				2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 9343			
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O.Box 2427				2C. CITY, STATE Gardnerville, NV		2D. ZIP CODE 89410	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WHITE, Linda K.				3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 5788			
3B. MAILING ADDRESS Same As above				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 <input checked="" type="checkbox"/> NAME BankAmerica Corp. MAILING ADDRESS 3151 E. Imperial Hwy. CITY Brea STATE Calif ZIP CODE 92622				5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 16-66			
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)							

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) July 20 1992

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

By: Maima Santistevan (TYPE NAME(S)) Corporate Officer (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)
Maima Santistevan BankAmerica Corp. (TYPE NAME(S))

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 AUG 24 12:51
286615

SUZANNE BEAUDREAU
RECORDED 892 PAGE 3753

11. Return Copy to

NAME Ronald O. & Linda White

ADDRESS P.O.Box 2427

CITY, STATE Gardnerville NV 89410

AND ZIP