

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 238380	1A. DATE OF FILING OF ORIG FINANCING STATEMENT November 8, 1990	1B. DATE OF ORIG FINANCING STATEMENT November 5, 1990	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 type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) VM DESIGNS, INC., a Nevada Corporation			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 95-3542134
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1432 Industrial Way		2C. CITY, STATE Gardnerville, Nevada	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 NAME Valley Bank of Nevada MAILING ADDRESS P. O. Box 611 CITY Carson City STATE Nevada ZIP CODE 89702			5A. SOCIAL SECURITY NO. FED. TAX NO OR BANK TRANSIT AND A.B.A. NO. 94-72/1224
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) August 24 19 92

By: _____ (TITLE)
 VALLEY BANK OF NEVADA
 TYPE NAME(S)

By: _____ (TITLE)
 Commercial Loan Officer
 Mike Knoche
 TYPE NAME(S)

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

REQUESTED BY
Valley Bank of NV
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

11. Return Copy to

NAME VALLEY BANK OF NEVADA
 ADDRESS P.O. BOX 20000
 CITY, STATE RENO, NEVADA 89520-0025
 AND ZIP N-815-63-3/SANDY

92 AUG 31 12:34
287248
 SUZANNE BEAUDREAU
 RECORDER
 \$100 FILING FEE
 BOOK 892 PAGE 5353 SEE INSTRUCTIONS