

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 174533	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT March 17, 1988	1B. DATE OF ORIG. FINANCING STATEMENT March 15, 1988	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) HOSKINS, DAVID S., MD			2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 0200
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 232 Beverly Way		2C. CITY, STATE Gardnerville, NV	2D. ZIP CODE 89410
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) HOSKINS, MELINDA			3A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 2599
3B. MAILING ADDRESS 232 Beverly Way		3C. CITY, STATE Gardnerville, NV	3D. ZIP CODE 89410
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 NEVADA BANKING COMPANY MAILING ADDRESS P.O. BOX 5700 CITY STATELINE STATE NV ZIP CODE 89449			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-161/1212 TIN 88-0170659
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 checked="" 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 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) September 17, 19 92

By: \_\_\_\_\_ (TITLE)

By: Lydia Greil ASSISTANT VICE PRESIDENT (TITLE)  
LYDIA GREIL

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

REQUESTED BY  
Nevada Bank Kings Co  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**92 SEP 21 10:45**

SUZANNE BEAUDREAU  
RECORDER **288676**  
PAID 11.00 DEPUTY  
BOOK **992** PAGE **3224**

11.  Return Copy to

NAME NEVADA BANKING COMPANY  
ADDRESS P.O. BOX 5700  
CITY, STATE STATELINE, NV 89449  
AND ZIP

(1) FILING OFFICER COPY — ALPHABETICAL  
UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State

(06686)