

UNIFORM COMMERCIAL CODE—FINANCING STATEMENT CHANGE—FORM N-UCC-2

IMPORTANT—Read instructions on back before filling out form

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

DOUGLAS, COUNTY

1. FILE NO. OF ORIG FINANCING STATEMENT 172640 Book 288 page 2156		1A. DATE OF FILING OF ORIG FINANCING STATEMENT 9-9-88		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) Robert L. Helms of the Robert L. Helms and Pauline F. Helms Family Trust under amended and Restated Declaration Dated March 1, 1985						2A. SOCIAL SECURITY OR FEDERAL TAX NO	
<input type="checkbox"/> LEGAL BUSINESS NAME and <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)							
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 709 East Lincoln Way				2C. CITY, STATE Sparks, Nevada		2D. ZIP CODE 89431	
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)						3A. SOCIAL SECURITY OR FEDERAL TAX NO	
<input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)							
3B. MAILING ADDRESS				3C. CITY, STATE		3D. ZIP CODE	
4. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY)						4A. SOCIAL SECURITY OR FEDERAL TAX NO	
<input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)							
4B. MAILING ADDRESS				4C. CITY, STATE		4D. ZIP CODE	
5. SECURED PARTY						5A. SOCIAL SECURITY NO., FED TAX NO OR BANK TRANSIT AND A.B.A. NO	
NAME United States National bank of Oregon							
MAILING ADDRESS 321 SW 6th Ave.							
CITY Portland		STATE Oregon		ZIP CODE 97204			
6. ASSIGNEE OF SECURED PARTY (IF ANY)						6A. SOCIAL SECURITY NO., FED TAX NO OR BANK TRANSIT AND A.B.A. NO	
NAME							
MAILING ADDRESS							
CITY		STATE		ZIP CODE			
7. <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.							
<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.							
<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.							
<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.							
<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.							

9. (Date) 10-19 1992

By: \_\_\_\_\_ (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

By: Chris Bell (TYPE NAME(S)) (SIGNATURE(S) OF SECURED PARTY(IES)) (TITLE)  
Collateral Spec.

United States National bank of Oregon (TYPE NAME(S))

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

REQUESTED BY  
U.S. Natl Bank of Oregon  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

92 NOV -4 A9:54

SUZANNE BEAUDREAU  
RECORDER 292342  
\$12.00 PAID Ke DEPUTY

BOOK 1192 PAGE 509 FILING FEE SEE INSTRUCTIONS

11. Return Copy to

United States National Bank of Oregon  
NAME Commercial Banking Division MO-4  
ADDRESS 321 SW 6th Ave.  
CITY, STATE Portland, Oregon 97204  
AND ZIP ATTN: Sandy Witt

(1) FILING OFFICER COPY - ALPHABETICAL  
UNIFORM COMMERCIAL CODE - FORM UCC 2 (REV. 7-89) Approved by the Nevada Secretary of State

0666x

THIS SPACE FOR USE OF FILING OFFICER