

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 244382	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT February 7, 1991	1B. DATE OF ORIG. FINANCING STATEMENT January 31, 1991	1C. PLACE OF FILING ORIG. FINANCING STATEMENT Douglas County records
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) Pielacet, Maria A.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 6186
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box 624188		2C. CITY, STATE South Lake Tahoe, CA	2D. ZIP CODE 95761
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) SIERRA FAMILY CARE			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS 2074 HIGHWAY 50		3C. CITY, STATE SOUTH LAKE TAHOE, CA	3D. ZIP CODE 95761
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
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 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 checked="" 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. The federal tax no. for SIERRA FAMILY CARE is 68-0237283 SIERRA FAMILY CARE is now a Limited Partnership			

9. SIERRA FAMILY CARE (Date) October 26, 19 92

By: [Signature] GENERAL PARTNER (TITLE)
MARIA A. PIELACET (SIGNATURE OF DEBTOR)

By: [Signature] VICE PRESIDENT/BRANCH MANAGER (TITLE)
URSULA PREBEZAC (SIGNATURE OF SECURED PARTY)

TYPE NAME(S)

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

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Nevada Banking Co.
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