

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

1. FILE NO OF ORIG FINANCING STATEMENT 07210	1A. DATE OF FILING OF ORIG FINANCING STATEMENT 1-2-91	1B. DATE OF ORIG FINANCING STATEMENT 1-2-91	1C. PLACE OF FILING ORIG FINANCING STATEMENT DOUGLAS
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) GARVIN, RUSSELL E			2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED]-4463
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1224 KINGSTON		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) GARVIN, KIMBERLY A			3A. SOCIAL SECURITY OR FEDERAL TAX NO
3B. MAILING ADDRESS 1224 KINGSTON		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 JOHN DEERE CO MAILING ADDRESS PO BOX 65090 CITY WEST DES MOINES STATE IA ZIP CODE 50265			5A. SOCIAL SECURITY NO., FED TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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.			2318

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) 11-18 1992

By: _____ (TITLE)

By: John Deere Co Sherry Browning - Clerk (TITLE)
JOHN DEERE CO SHERRY BROWNING CLERK

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

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DOUGLAS CO., NEVADA

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11. Return Copy to

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BOOK 1192 PAGE 4332 FILING FEE INSTRUCTIONS

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