

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

1. FILE NO OF ORIG FINANCING STATEMENT 07062	1A. DATE OF FILING OF ORIG FINANCING STATEMENT April 30, 1990	1B. DATE OF ORIG FINANCING STATEMENT April 25, 1990	1C. PLACE OF FILING ORIG FINANCING STATEMENT Douglas County
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) ANKER, ALTON			2A. SOCIAL SECURITY OR FEDERAL TAX NO 5065
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) P.O. Box 995		2C. CITY, STATE Minden, Nevada	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) WILSON, GARY			3A. SOCIAL SECURITY OR FEDERAL TAX NO 6038
3B. MAILING ADDRESS P.O. Box 995		3C. CITY, STATE Minden, Nevada	3D. ZIP CODE 89423
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. <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.			
<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 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.			
<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)			


9. (Date) November 20 19 92

By: _____ (TITLE)

BANK OF AMERICA NEVADA formerly VALLEY BANK OF NEVADA
 By: **Mike Knoché** (TITLE) **Com'l Loan Officer**

TYPE NAME(S)

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

REQUESTED BY

 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

11. **Return Copy to**

NAME **Alton Anker and Gary Wilson**

ADDRESS **P.O. Box 995**

CITY, STATE AND ZIP **Minden, Nevada 89423**

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SUZANNE BEAUREAU
 RECORDER **298675**
 PAID **K2** DEPUTY

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