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Noland, Hamerly et al
PO Box 1818
Salinas CA 93902

Member from
Registered, Inc.
1400 Main St.
P.O. Box 710
Reno, NV 89502
(775) 223-4710

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

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

IMPORTANT:

Read Instructions on back before filling out form.

Receipt No. _____

1. File No. of Orig. Financing Statement 06976	1A. Date of Filing of Orig. Financing Statement Dec 8, 1989	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement Douglas Co., 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) Ward, James L.			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 0696
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1815 Foxwood Ln		2C. CITY, STATE Salinas, CA	2D. ZIP CODE 93907
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
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 Southwest Gas Corporation MAILING ADDRESS P.O. Box 1190 CITY Carson City STATE NV ZIP CODE 89702			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
6. ASSIGNEE OF SECURED PARTY (If Any) NAME Security Pacific Financial Services MAILING ADDRESS 9888 Carroll Center Rd Ste 101 CITY San Diego STATE CA ZIP CODE 92126			6A. SOCIAL SECURITY NO. FEDERAL 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. Installation of 1 gas Lennox furnace system and 1 each 50 gallon gas water heater at 218 Clubhouse Cl, Stateline, NV; Lot 33, Lake Village subdivision, APN 07-0702-33: Total Cost \$3494.29			

THIS SPACE FOR USE OF FILING OFFICER

9. _____ 19____

By _____ (TITLE)

James L. Ward

TYPE NAME(S)

By Heidi Isenberg **Customer Serv. Rep.**

SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)

Heidi Isenberg

TYPE NAME(S)

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

REQUESTED BY
Noland, Hamerly et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 APR 26 P2:17

SUZANNE BEAUDREAU
RECORDER
81000 PAID Ka DEPUTY

YELLOW—Alphabetical; PINK—Acknowledgement;
GREEN—Secured Party; BLUE—Debtor.

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP

Cheryl Ward
11815 Foxwood Lane
Salinas, Calif 93902

Trust Account Number (If Applicable)

305560
BK0493PG4774

216184