

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 06807-192994	1A. Date of Filing of Orig. Financing Statement 12-20-88	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) BATES, RALPH L.		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 1449	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1667 TONI CT.		2C. CITY, STATE MINDEN, NV	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) BATES, BONA		3A. SOCIAL SECURITY OR FEDERAL TAX NO. 0108	
3B. MAILING ADDRESS 1667 TONI CT.		3C. CITY, STATE MINDEN, NV	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) N/A		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 INC. MAILING ADDRESS P.O. BOX #269042 CITY SAN DIEGO STATE CA ZIP CODE 92196		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 ONE NATURAL GAS FURNACE AT 1667 TONI CT, MINDEN, NV, 89423; PARCEL 2, APN 23-510-20 TOTAL COST \$1757.65			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) _____ 19__

By _____ (TITLE)

By *Sophaphone Noelle Mahavanh* (SIGNATURE(S) OF SECURED PARTY(IES)) *Csr* (TITLE)

SOPHAPHONE NOELLE MAHAVANH CUST. SERV. REP..

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP

Trust Account Number (If Applicable)

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

REQUESTED BY
Bona Bates
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

308198

93 MAY 27 11:28

RECORDED

11:50 PAIU Ke DEPUTY

BK0593PG5398