

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 07008	1A. Date of Filing of Orig. Financing Statement 1-25-90	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY, 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) WULF, ALBERT			2A. SOCIAL SECURITY OR FEDERAL TAX NO. 0565
2B. MAILING ADDRESS (As Appears on Original Financing Statement) 1346 RITTER DRIVE		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) N/A			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 checked="" 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 CORP. 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. 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 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. 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. 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. 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. 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 EACH NATURAL GAS F.A.U. AND ONE EACH 40 GALLON WATER HEATER AT 1346 RITTER DR., GARDNERVILLE, NV, RANCHOS #4 LOT 8, BLOCK B, APN #27-472-28, TOTAL COST 4099.80**

9. (Date) _____ 19____

By _____ (TITLE)

SIGNATURE(S) OF DEBTOR(S)

By Sophaphone Noelle Mahavanh (TITLE)
SOPHAPHONE NOELLE MAHAVANH (TITLE)
 CUSTOMER SERV. REP.

SIGNATURE(S) OF SECURED PARTY(IES)

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

REQUESTED BY
Susan Wulf
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

93 AUG -3 P2:49

SUZANNE BEAUDREAU
 RECORDER
 \$10.00 PAID Ke DEPUTY
 YELLOW—Alphabetical; PINK—Acknowledgement;
 GREEN—Secured Party; BLUE—Debtor.

11. Return Copy to:

NAME **ALBERT WULF**
 ADDRESS **1346 RITTER**
 CITY, STATE AND ZIP **Gardnerville NV 89410**
218812

Trust Account Number (If Applicable) _____

THIS SPACE FOR USE OF FILING OFFICER

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