

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

1. FILE NO. OF ORIG. FINANCING STATEMENT 06884	1A. DATE OF FILING OF ORIG. FINANCING STATEMENT May 24, 1989	1B. DATE OF ORIG. FINANCING STATEMENT May 19, 1989	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) Theriault, Brenda K.			2A. SOCIAL SECURITY OR FEDERAL TAX NO [REDACTED] 2881
2B. MAILING ADDRESS (AS APPEARS ON ORIGINAL FINANCING STATEMENT) 1330 Leonard Road		2C. CITY, STATE Gardnerville, NV	2D. ZIP CODE 89410
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 Nevada First Bank MAILING ADDRESS P.O.Box 1788 CITY Gardnerville STATE NV ZIP CODE 89410			5A. SOCIAL SECURITY NO., FED. TAX NO. OR BANK TRANSIT AND A.B.A. NO 88-0196792
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.			

THIS SPACE FOR USE OF FILING OFFICER

9. (Date) October 27 1993

By: _____ (TITLE)

By: Frank Frezza (TYPE NAME(S)) Vice President (TITLE)
Frank Frezza (TYPE NAME(S)) Nevada First Bank (TITLE)

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

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

93 OCT 29 P2:14

SUZANNE BEAUDREAU
 RECORDER
 \$15.00 PAID kg DEPUTY

11. **Return Copy to**

NAME **Brenda Theriault**
 ADDRESS **330 Leonard Road**
 CITY, STATE **Gardnerville, NV**
 AND ZIP **321503**

(1) FILING OFFICER COPY - ALPHABETICAL
 UNIFORM COMMERCIAL CODE - FORM UCC-2 (Rev. 7-86) Approved by the Nevada Secretary of State

BK 1093PG6246

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FILING FEE
 SEE INSTRUCTIONS