

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 27298	1A. Date of Filing of Orig. Financing Statement 11/13/78	1B. Date of Orig. Financing Statement 11/13/78	1C. Place of Filing Orig. Financing Statement Douglas County, Nevada
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Lilly's Firestone, Inc.			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS (As Appears on Original Financing Statement) P. O. Box 1450 - Highway 395		2C. CITY, STATE Minden, Nevada	2D. ZIP CODE 89423
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Lilly, Peter, J.			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS 2264 Woodland		3C. CITY, STATE South Lake Tahoe, California	3D. ZIP CODE 95731
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 Firestone Tire & Rubber Company MAILING ADDRESS 1200 Friestone Parkway CITY Akron STATE Ohio ZIP CODE 44317			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A B A NO. 34-0220440
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE			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 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 checked="" 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. Please amend secured parties name and address to: **Bridgestone/Firestone, Inc.**
One Bridgestone Park
Nashville, TN 37214

9. (Date) October 13, 19 93

By Peter J. Lilly Pres.

 SIGNATURE(S) OF DEBTOR(S) (TITLE)

Lilly's Firestone, Inc.

 TYPE NAME(S)

By Karen Smith Mgr. Credit & Collections

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

Bridgestone/Firestone, Inc.

 TYPE NAME(S)

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

REQUESTED BY
Bridgestone
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

93 NOV 22 10:35

SUZANNE BEAUDREAU
 RECORDER
 \$16.00 PAID KQ DEPUTY

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

11. Return Copy to:

NAME **Bridgestone/Firestone, Inc.**
 ADDRESS **One Bridgestone Park**
 CITY, STATE AND ZIP **Nashville, TN 37214**
 ATTN: **Credit**

Trust Account Number (If Applicable) _____

THIS SPACE FOR USE OF FILING OFFICER

323206 BK 1193PG4358