

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 240933	1A. Date of Filing of Orig. Financing Statement DECEMBER 12, 1990	1B. Date of Orig. Financing Statement NOVEMBER 2, 1990	1C. Place of Filing Orig. Financing Statement DOUGLAS
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) BUENORICO'S INC.			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS (As Appears on Original Financing Statement) P.O. BOX 10740		2C. CITY, STATE ZEPHYR COVE, NEVADA	2D. ZIP CODE 89448
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 FIRST INTERSTATE BANK OF NEVADA, N.A. MAILING ADDRESS P.O. BOX 5430 CITY STATELINE STATE NEVADA ZIP CODE 89449			5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 121200019 ABA 94-1
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 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) JANUARY 24 19 94

By 905C First Interstate Bank, N.A. - 905C
Loan Service Center
 SIGNATURE(S) OF DEBTOR(S) (TITLE)

By Peggy Schotch
 SIGNATURE(S) OF SECURED PARTY(IES) **BANKING OFFICER**
 PEGGY SCHOTCH, BANKING OFFICER
 TYPE NAME(S)

11. Return Copy to:
 NAME **BUENORICO'S INC.**
 ADDRESS **P.O. BOX 10740**
 CITY, STATE AND ZIP **ZEPHYR VOCE, NV 89448**
 Trust Account Number (If Applicable) _____
745-0001552-9002 12-30-93 JMM

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

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

94 JUN 27 AM 10:04

SUZANNE BEAUDREAU
 RECORDER

\$15.00 PAID k2 DEPUTY

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

(Filing Fees: See Instructions)

328540 BK0194 PG 5052