16.

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

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

File No. of Orig. Financing Statement 1A. Date of Filing of Orig. Financing Statement 1B. Date of O			18. Date of Orig. Financing Statement	Financing Statement 1G. Place of Filing Orig. Financing Statement	
28524 JUNE 21, 1990 N STOR (As Appears on Original Financing Statement) (ONE NAME ONLY)		MAY 29, 1990	DOUGLAS		
EBTOR (AS A) LEGAL DL LOVIONI À	ppears on Original Fig Usiness name Al (Last name first)	nancing Statement) (ONE NAME ONLY) ZAGER: CRAIG AND TER	RI	2A. SOCIAL SECURIT	Y OR FEDERAL TAX NO.
MAILING ADD	RESS (As Appears o	n Original Financing Statement)	2C. CITY, STATE	()	20. ZIP CODE
	BOX 4060	MANG CHIAN	STATELINE, NE		89449
C) LEGAL DI	EBTOR (If Any) (ONE USINESS NAME AL (LAST NAME FIRST)	NAME UNLT)		JA. SUCIAL SECURIT	Y OR FEDERAL TAX NO.
MAILING ADD	RESS		SC. CITY, STATE	1	39. ZIP CODE
	EBTOR (If Arry) (ONE	NAME ONLY)	^	4A. SOCIAL SECURIT	Y OR FEDERAL TAX NO.
	al (last name first)		4C. CITY, STATE		40. ZIP CODE
ECURED PART	•			5A. SOCIAL SECURIT OR BANK TRANS	Y NO. FEDERAL TAX NO. IT AND A.B.A. NO.
		STATE BANK OF NEVADA			
CITY	DMESS P.O. BO REINO	STATE NEVADA	ZP COOE 89520	TRANSIT #1	
	SECURED PARTY (II		07320	6A. SOCIAL SECURIT	Y NO. FEDERAL TAX NO.
NAME	•••		/ / \	OR BANK TRANS	IT AND A.B.A. NO.
MAILING ADO	DAESS	(()		~
CITY		STATE	ZIP CODE		
c. 🗆	ASSIGNMENT—The S	not terminate debt. Secured Party certifies that the Secured Party have file number shown above in the collateral de	ns assigned to the Assignee above named, all scribed in Item 8 below.	or part of the Secured Party	s rights under the Financing
D. X		Secured Party certifies that the Secured Party n		inancing Statement bearing th	ne file number shown above.
E. [AMENDMENT—The Frequired on all ame	Inancing Statement bearing the file number shadments.)	own above is amended as set forth in Item 8	B below. (Signature of Debto	r(s) and Secured Party(les)
First Inte	rstate Bank, N Service Center	A-905C JANUARY	and the second s	This Space for Use of Fill Number and Filing Officer)	ing Officer: (Date, Time, Fil
		(One)	19		
y —	SIGNATURE(S) OF	DEBTOR(S)	(TITLE)		
		TYPE NAME(S)		LREQU	ESTED BY
Ha	usor EO	aulsen	BANKING OFFICER	IN DEFICI	AL RECORDS OF
-	SIGNATURE(S) OF S	ECURED PARTY(IES)	(TITLE)	DouglA	AL RECORDS OF
7	SHARON E. I			•	ĬA
	\	TYPE NAME(S)		'94 JN 2'	7 M1:10 💆
, L		Return Copy to:	_ i		
- E	CRAIG 2		Trest	SHZANNI	BEAUDREAU
VESS STATE	P.O. BO	DX 4060 INE, NEVADA 89448	Account Number	AD KE	CORDER
ZIP	yene u ul	maj mathen care	(If Applicable)	المن كال	K2 DEPUTY
	745-99 3	36022-9003		YELLOW-Alphabelical; Pi	NK-Acknowledgement:
1	12-21-0		· · · · · · · · · · · · · · · · · · ·	GREEN—Secured Pa	rty: RI IIF Debior

UNIFORM COMMERCIAL CODE-FORM N-UCC-2 (Rev. 12-91)

(Filing Foos: See Instruction