

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 07206	1A. Date of Filing of Orig. Financing Statement DECEMBER 21, 1990	1B. Date of Orig. Financing Statement DECEMBER 12, 1990	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY
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) TIMBERLINE ELECTRIC		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 88-0203175	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) P.O. BOX 2511		2C. CITY, STATE MINDEN, NV	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)		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 68 CITY MINDEN STATE NEVADA ZIP CODE 89423		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. 94-41/1212	
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

903C-First Interstate Bank, N.A. -905C
Loan Service Center (Date) **FEBRUARY 4,** 19 **94**

By _____ (SIGNATURE(S) OF DEBTOR(S)) (TITLE)

By Sharon E. Paulsen (SIGNATURE(S) OF SECURED PARTY(IES)) **BANKING OFFICER** (TITLE)
SHARON E. PAULSEN (TYPE NAME(S))

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 FEB 11 AM 10:28

SUZANNE BEAUDREAU
RECORDER
DEPUTY

GREEN—Secured Party; BLUE—Debtor.

11. Return Copy to:

TIMBERLINE ELECTRIC
P.O. BOX 2511
MINDEN, NV 89423
745-0045880-9001
1-18-94 KG

Trust Account Number (If Applicable) _____

329879

BK 0294 PG 2018

(246449)