

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 272741	1A. Date of Filing of Orig. Financing Statement 07397	1B. Date of Orig. Financing Statement MARCH 9, 1992	1C. Place of Filing Orig. Financing Statement DOUGLAS COUNTY
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) BRUNS, JOANN		2A. SOCIAL SECURITY OR FEDERAL TAX NO. 0824	
2B. MAILING ADDRESS (As Appears on Original Financing Statement) P O BOX 517		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 FIRST INTERSTATE BANK OF NV. 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. 94-1 121200019	
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 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.)			

THIS SPACE FOR USE OF FILING OFFICER

908C - First Interstate Bank, N.A. - 908C
Loan Service Center

MARCH 30, 1994 19__

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 APR 15 AM 1:27

SUZANNE BEAUDREAU
 RECORDER
 \$15.00 PAID **K2** DEPUTY

335255
 BK0494PG2834

11. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP	JOANN BRUNS 118 SPRUCE GARDNERVILLE, NV 89410 012-745-5119516-9001 3-4-94 MM	Trust Account Number (If Applicable) 85072-3439
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F.I.B. CONSUMER LN Files PO. Box 53434 Phoenix AZ